Plan Year 2020

CCHP Senior Select Program (HMO SNP)
東華智選(HMO SNP)計劃

2020 Formulary (List of Covered Drugs)
藥物表(保障藥物一覽表)

請閱讀：本文件包含有關我們在本計劃中涵蓋的藥物信息

HPMS Approved Formulary File Submission ID 00020514, Version Number 21

本藥物表是2020年**7**月**28**日修定本。如欲了解最新詳情或有疑問，請致電 1-888-775-7888 與華人保健計劃會員服務中心聯絡（聽力殘障人仕請電 TTY 1-877-681-8898），每週 7天，上午8時至晚上8時 ，或瀏覽網址 www.cchphealthplan.com/medicare。

華人保健計劃 CCHP Health Plan

H0571_2020_56CH_FINAL_11_C

會員請注意: 此藥物表已經修改，請查閱您服食的藥物是否仍受承保。

在此藥物一覽表（藥物表）中，“我們”或“我們的”代表華人保健計劃(CCHP)。“計劃”、“本計劃”或“我們的計劃”代表東華智選(HMO SNP)計劃。

此藥物表列出我們承保藥物的最新版本，生效日期是: 2020 年 7 月 28 日。如欲索取最新的處方藥物表，請與我們聯繫。我們的聯絡資料連同最近更新藥物表的日期會列在本冊的封面及封 底。

您通常須前往聯網藥房，以獲享配購處方藥物的保障。保障、藥物表、聯網藥房、月費及/或自付費/共同保險額，或於 2020 年 1 月1日起有更新。

甚麼是東華智選(HMO SNP)計劃藥物表？

東華智選(HMO SNP)計劃與一組醫療保健提供者商議之下，選擇了一批最能確保優質治療方案的處方藥物，並在此列出這份藥物表。只要您配購的藥物是基於治療所 需、在東華智選(HMO SNP)計劃屬下的聯網藥房購買，以及附合其他條款，則受承保。欲了解如何配取處方藥物，請參閱保障說明書。

藥物一覽表（藥物表）會有更改嗎？

大部分藥物保障範圍的更改會在1月1日作出，但藥物表也有可能會在年中添加或刪除藥物，如將某藥物移到另一個自付費等級，或加入新限制。我們必須遵守聯邦保健（Medicare）的規定進行更改。

下列更改是會影響到您今年的藥物保障：

- **新非商標藥物**，如果我們同時以相同或更少限制及相同或較低分擔費用等級的新非商標藥替代藥物表中的商標藥; 我們可能會立即在我們的藥物表中刪除商標藥。此外，在添加新非商標藥時，我們可能會決定將商標藥物保留在我們的藥物表中，但會立即將其移至不同的分擔費用等級或添加新的限制。如果您正在服用該商標藥物，我們可能未我們可能未提前通知您有關的更改，但仍會在更改後通知您。
    - 如我們作出更改，您或處方醫生可要求本計劃對藥物進行例外處理及要求繼續承保該商標藥物。了解如何提出例外處理，請參閱本冊「如何要求東華耆英(HMO)計劃對藥物作出例外處理？」部分。

- **藥物在市場上被移除回收**。如果藥物表內有藥物經聯邦藥物及食品管理局認為不安全或藥廠從市場上收回的藥物，我們會立刻將該藥物從藥物表內刪除，並通知服食該藥物的會員。

- **其他更改。**我們的更改可能影響到會員正在服用的藥物。例如: 我們可能增加一種並不是新的非商標藥以取代在藥物表上的商標藥, 或會更改商標藥的分擔費用等級或添加新的限制，亦有可能亦有可能根據新的臨床醫療指南進行更改 或增加事前批准條例, 數量限制或階段治療限制，亦可能將藥物分擔費用等級提高。我們在更改前最少30日內通知會員或在會員提出加配藥物要求時我們會提供三十天的藥量。
    - 如我們作出更改，您或處方醫生可要求本計劃對藥物進行例外處理及要求繼續承保該商標藥物。了解如何提出例外處理，請參閱本冊「如何要求東華耆英(HMO)計劃對藥物作出例外處理？」部分。

大部分更改是不會影響到您現正服用的藥物的保障：一般來說，除非是上列情況，如果您正在服用我們的2020年年初藥物表中的藥物，我們在2020年保障期內不會停止或減少對此藥物的保障。這意味著會員服用的這些藥物在保障期內會繼續得到保障，並在無額外限制下以同樣的自付費配購藥物。

此藥物表為 2020 年7月 28 日起更新。欲索取最新的藥物表，請與我們聯絡。我們的聯絡資料連同最近更新藥物表的日期會列在本冊的封面及封底。如果藥物表在年中有任何更改，我們會寄 發糾正通知，您亦可瀏覽 www.cchphealthplan.com/medicare 查閱變更。

如何使用此藥物表？

以下列出兩種方法查閱藥物表內的藥物：

按疾病狀況

藥物表從第 3 頁開始，並以疾病情況來分類。例如，用來治療心臟病的藥物歸屬於「心血管藥物－其它」一欄。如果您知道您的藥物用來作何種用途的話，請查閱分類目錄從第 3頁開始，然後按該目錄的分類找出您要配購的藥物。

按藥物名稱的英文字母排列

如果您不確定藥物屬於那一項分類，您可以查閱藥物表第I-1 頁開始的藥物名稱的英文字母索引。英文字母索引列出藥物表所有的藥物，包括商標及非商標藥物。請查 閱索引，找出您要配購的藥物。在藥物名稱的同一欄中，找出有關該藥物保障資料 的頁數，然後到該頁內查閱藥物的資料。

甚麼是非商標藥物？

東華智選(HMO SNP)計劃承保商標藥物及非商標藥物。非商標藥物與商標藥物通常是採用同樣的成份製成。非商標藥物是經過聯邦藥物及食品管理局 （FDA）認可而價格比商標藥物較廉宜。

保障的藥物有其它的限制嗎？

某些保障藥物可能有附加的限制或規定，這些限制或規定可能包括以下幾點：

- **需取得事先批准：**東華智選(HMO SNP)計劃要求某些藥物需事先取得批准方 能購買。這就是說，您(或您的醫生)必須取得東華智選(HMO SNP)計劃的批准，方能配購 這些處方藥物。否則，東華智選(HMO SNP)計劃是不會承保該藥物的保障。

- **數量限制：**東華智選(HMO SNP)計劃對某些藥物的保障設有數量的限制。一般而言，藥物通常配一個月或三個月的藥量，但某些藥物是有限制的，如 SAVELLA ，每張處方只可配 60 tablets。

- **階段治療：**在某些情況下，東華智選 (HMO SNP) 計劃可能要求您在治療疾病時，先嘗試建議的藥物，然後再考慮是否承保另一類的藥物。例如 A 類藥物 與 B 類藥物皆可以治療您的疾病，東華智選(HMO SNP)計劃可能讓您先使用 A 類藥物，若沒有成效才保障 B 類藥物的費用。

您可從第3頁開始，找到您欲配購的處方藥物是否有附加規定或限制。查詢更多有關藥物的限制及附加規定，請瀏覽我們的網址。我們的網址上載了關於事前批准及階段治療的條款限制的文件。您亦可以聯絡我們索取一分影印本。我們的聯絡資料連同最 近更新藥物表的日期會列在本冊的封面及封底。

您可以要求東華智選(HMO SNP)計劃對這些附加規定或限制作出例外處理，或提供 治療同一種症狀的其他承保藥物名稱。了解如何提出例外處理，請參閱本冊「如何 要求東華智選(HMO SNP)計劃對藥物作出例外處理？」部分，第 IV 頁。

什麼是非處方藥物(OTC)？

配購非處方藥物無須醫生處方，通常不受聯邦健保處方藥物計劃的保障。東華智選(HMO SNP) 計劃會保障某些非處方藥物。

FREESTYLE LITE METER
FREESTYLE FREEDOM LITE METER
FREESTYLE LITE TEST STRIPS
FREESTYLE INSULINX METER
FREESTYLE INSULINX TEST STRIPS
FREESTYLE CONTROL SOLUTION
MEDISENSE CONTROL SOLUTION
LANCETS AND LANCET DEVICES
LANCET KIT
NICODERM CQ
KETOTIFEN FUMARATE OPHTHALMIC SOLUTION 0.025%

PRECISION XTRA METER	ARTIFICIAL TEARS
PRECISION XTRA TEST STRIPS	POLYETHYLENE GLYCOL 3350

東華智選(HMO SNP)計劃免費提供以上非處方藥物。這些藥物的費用將不計算入您的 D 部份藥物費用總額 (即非處方藥物費用不計算入承保間斷期藥物費用額)。

如果我的藥物不包括在藥物表內該怎麼辦？

如果您的藥物並不包括在藥物表（藥物一覽表）內，您應該首先與會員服務中心聯絡，求證該藥物是否受保障。

如果您的藥物不受保障，您有以下兩種選擇：

- 您可以向會員服務中心索取一份受東華智選 (HMO SNP) 計劃保障的同類型藥物表。然後出示給您的醫生，要求醫生處方受保障的藥物。
- 您也可以向東華智選 (HMO SNP) 計劃要求對您所需的藥物作出例外保障處理 。請參閱以下，了解如何提出例外處理。

如何要求東華智選 (HMO SNP)計劃對藥物作出例外處理？

您可以要求東華智選(HMO SNP)計劃對藥物保障作出例外處理。以下是兩種可以提出例外處理的例子。

- 您可以要求本計劃承保沒有列在藥物表之內的藥物。若計劃批准您的要求，您的藥物將會有一個特定的分攤費用，而您將不能再申請降低該藥物的分攤費。

- 您也可以要求我們取消對您所需藥物的限制或規定。例如東華智選(HMO SNP)計劃對某些藥物有數量的限制，您可以要求我們取消此限制或增加承保的數量。

一般來說，如果其它在藥物表上的藥物對您的病情無效或引起不良的副作用，東華智選(HMO SNP)計劃才會批准您的要求作例外情況處理。

您可以聯絡我們要求對您的申請作一個初級的審定附加條件限制例外處理。當在申請對藥物表或附加條件限制等例外處理時，您必須附加一份醫生或處方藥劑師的證明作為支持申請的理據。一般來說，我們會在收到有關醫生的證明文件後 72 小時內對您的申請作出答覆。 如果您或您的醫生 認為在等候的 72 小時內會危害到您的健康情況，您可以要求加快例外處理。如果您的加快申請獲得批准，我們會在收到有關醫生或處方藥劑師的證明文件後的 24 小時內作出決定。

在與醫生商量改藥或申請例外處理之前，我該怎麼辦？

無論是新會員或現任會員，您正在服食的藥物可能不包括在藥物表內，又或藥物在

藥物表內但有限制。例如，您需預先取得我們的批准方能配購藥物。您應與醫生商量您是否可轉用另一種保障之內的藥物，或提出例外處理的申請以使您的藥物受到保障。在某情況下，您與醫生商量的期間內， 我們可以在您成為會員的首 90 天之內承保您所需的藥物。

如果您的藥物不在藥物表內或取不到藥物的情況下，您必須在聯網藥房配購藥物，我們會為每一種藥物提供 30 天的臨時保障（如果您的藥物處方是少於 30 天, 我們會允許續配最多30天藥量）。但在 30 天之後，即使您是加入不到 90 天的新會員，我們也不再保障有關所需的藥物。

如果您住在長期療養院內，您需要的藥物不在藥物表內，又或有困難取到藥物，但您又超過了90 天的新會員期，在申請藥物例外處理的過程中，我們會提供31 天的緊急藥物補給量。

欲了解有關詳情

欲了解更多有關東華智選(HMO SNP)計劃處方藥物保障，請參閱保障說明書及計劃的其它說明資料。

如對東華智選(HMO SNP)計劃有任何疑問，請與我們聯絡。我們的聯絡資料連同最近更新藥物表的日期會列在本冊的封面及封底。

如您對聯邦保健藥物保障有任何疑問，可於每週 7 天，每天 24 小時，致電聯邦保健 1-800-MEDICARE (1-800-633-4227)，聽力殘障人士請致電 TTY 1-877-486-2048，或瀏覽：www.medicare.gov。

東華智選(HMO SNP)計劃處方藥物表

下頁的藥物目錄表提供了東華智選(HMO SNP)計劃承保的部份處方藥物資料。如您對查閱藥物有任何疑問，請查閱索引目錄第 I-1 頁。

藥物表內第一欄是藥物的名稱，商標藥物以大寫字母列出，如 (VYVANSE)，而非商標藥物則以斜體小寫字母列出，如（*alendronate*）。

在特殊要求該欄，說明了東華智選(HMO SNP)計劃對您所需的藥物是否有特別的規定及限制。

- 有 LD 標誌的藥物表示該藥物受聯邦藥物及食品管理局（FDA）的限制，並只能在指定藥房購買。詳情請查閱醫生名錄，醫療服務及藥房手冊或請每週七天，上午 8 時至晚上 8 時致電 1-888-775-7888 與會員服務中心聯絡。聽力殘障人士請致電 TTY 1-877-681-8898。
- 有NM標誌的藥物表示該非郵寄服務藥物在零售及郵寄藥房都只供應30 天的藥量。

- 有 PA 標誌的藥物表示該藥物需要預先取得批准。這就是說，在配購藥物前，您 (或您的醫生) 必須取得東華智選(HMO SNP)計劃的批准，方能配購這些處方藥物。否則，東華智選(HMO SNP)計劃是不會

承保該藥物的保障。

- 有 PA BvD 標誌的藥物表示，該藥物同時在聯邦保健 D 部分或 B 部分藥物承保。您(或您的醫生)需要東華智選(HMO SNP)計劃事前批准來確定該藥物被哪一個藥物保障部分承保，你才能配藥。若沒有事前批准，東華智選 (HMO SNP)計劃可能不承保該藥物。

- 有PA NSO標誌的藥物表示，如會員從未配購該藥物，您(或您的醫生)需要取得東華智選(HMO SNP)計劃事前批准才能配藥。若沒有事前批准，東華智選(HMO SNP)計劃可能不承保該藥物。

- 有QL標誌的藥物表示該藥物有數量的限制。東華智選(HMO SNP) 計劃設有具體的限制包括: 每日的數量限制, 每月的數量限制或每年的數量限制。

- 有ST標誌的藥物表示該藥物在某些情況下，東華智選(HMO SNP)計劃可能要求您在治療疾病時，先嘗試建議的藥物，然後再考慮是否承保另一類的藥物。例如A類藥物與B類藥物皆可以治療您的疾病，東華智選 (HMO SNP) 計劃可能讓您先使用A類藥物，若沒有成效才保障B類藥物的費用。

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藥物名稱		藥物等級	規定／限制
Analgesics			
Analgesics, Miscellaneous			
acetaminophen-codeine oral solution 120-12 mg/5 ml		1	QL (4980 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg		1	QL (390 per 30 days)
acetaminophen-codeine oral tablet 300-30 mg	(Tylenol-Codeine #3)	1	QL (390 per 30 days)
buprenorphine hcl injection solution 0.3 mg/ml	(Buprenex)	1	
buprenorphine hcl injection syringe 0.3 mg/ml		1	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	1	QL (4 per 28 days)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml		1	
butorphanol tartrate nasal spray,non-aerosol 10 mg/ml		1	QL (10 per 30 days)
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg		1	QL (240 per 30 days)
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML		1	PA BvD
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG		1	QL (60 per 30 days)
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg		1	QL (360 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	(Actiq)	1	PA; QL (120 per 30 days)
fentanyl citrate buccal tablet, effervescent 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	(Fentora)	1	PA; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	(Duragesic)	1	QL (10 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		1	PA; QL (120 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		1	QL (5400 per 30 days)

藥物名稱		藥物等級	規定／限制
hydrocodone-acetaminophen oral tablet 10-300 mg	(Vicodin HP)	1	QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg	(Lorcet HD)	1	QL (360 per 30 days)
hydrocodone-acetaminophen oral tablet 2.5-325 mg		1	QL (360 per 30 days)
hydrocodone-acetaminophen oral tablet 5-300 mg, 7.5-300 mg		1	QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	(Lorcet (hydrocodone))	1	QL (360 per 30 days)
hydrocodone-acetaminophen oral tablet 7.5-325 mg	(Norco)	1	QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg	(Ibudone)	1	QL (480 per 30 days)
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg		1	QL (480 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml		1	
hydromorphone injection syringe 2 mg/ml		1	
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	1	QL (2400 per 30 days)
hydromorphone oral tablet 2 mg	(Dilaudid)	1	QL (450 per 30 days)
hydromorphone oral tablet 4 mg	(Dilaudid)	1	QL (240 per 30 days)
hydromorphone oral tablet 8 mg	(Dilaudid)	1	QL (120 per 30 days)
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg		1	QL (30 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG		1	QL (30 per 30 days)
ibuprofen-oxycodone oral tablet 400-5 mg		1	QL (240 per 30 days)
levorphanol tartrate oral tablet 2 mg		1	QL (240 per 30 days)
levorphanol tartrate oral tablet 3 mg		1	QL (120 per 30 days)
lorcet (hydrocodone) oral tablet 5-325 mg		1	QL (360 per 30 days)
lorcet hd oral tablet 10-325 mg		1	QL (360 per 30 days)
lorcet plus oral tablet 7.5-325 mg		1	QL (360 per 30 days)
meperidine oral tablet 100 mg	(Demerol)	1	QL (360 per 30 days)
meperidine oral tablet 50 mg		1	QL (720 per 30 days)
methadone oral solution 10 mg/5 ml		1	QL (1800 per 30 days)

藥物名稱		藥物等級	規定／限制
methadone oral solution 5 mg/5 ml		1	QL (3600 per 30 days)
methadone oral tablet 10 mg, 5 mg	(Dolophine)	1	QL (360 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		1	QL (180 per 30 days)
morphine injection syringe 2 mg/ml		1	PA BvD
morphine intravenous syringe 2 mg/ml		1	PA BvD
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg		1	QL (60 per 30 days)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	(Kadian)	1	QL (60 per 30 days)
morphine oral solution 10 mg/5 ml		1	QL (1800 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)		1	QL (900 per 30 days)
MORPHINE ORAL TABLET 15 MG, 30 MG		1	QL (180 per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	(MS Contin)	1	QL (120 per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG		1	QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 75 MG		1	QL (180 per 30 days)
NUCYNTA ORAL TABLET 50 MG		1	QL (360 per 30 days)
oxycodone oral capsule 5 mg		1	QL (360 per 30 days)
oxycodone oral concentrate 20 mg/ml		1	QL (270 per 30 days)
oxycodone oral solution 5 mg/5 ml		1	QL (5400 per 30 days)
oxycodone oral tablet 10 mg, 20 mg		1	QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	1	QL (180 per 30 days)
oxycodone oral tablet 5 mg	(Roxicodone)	1	QL (360 per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	(OxyContin)	1	QL (60 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Endocet)	1	QL (360 per 30 days)
oxycodone-aspirin oral tablet 4.8355-325 mg		1	QL (360 per 30 days)
oxymorphone oral tablet 10 mg, 5 mg		1	QL (360 per 30 days)

藥物名稱		藥物等級	規定／限制
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg		1	QL (60 per 30 days)
pentazocine-naloxone oral tablet 50-0.5 mg		1	QL (360 per 30 days)
tramadol oral tablet 100 mg		1	QL (120 per 30 days)
tramadol oral tablet 50 mg	(Ultram)	1	QL (240 per 30 days)
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg		1	QL (60 per 30 days)
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg		1	QL (60 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	(Ultracet)	1	QL (360 per 30 days)
vicodin es oral tablet 7.5-300 mg		1	QL (390 per 30 days)
vicodin hp oral tablet 10-300 mg		1	QL (390 per 30 days)
vicodin oral tablet 5-300 mg		1	QL (390 per 30 days)
Nonsteroidal Anti-Inflammatory Agents			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	1	QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg		1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	(Voltaren-XR)	1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg		1	
diclofenac sodium topical drops 1.5 %		1	
diclofenac sodium topical gel 1 %	(Voltaren)	1	QL (1000 per 30 days)
diclofenac sodium topical gel 3 %	(Solaraze)	1	PA NSO
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	1	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	1	
diflunisal oral tablet 500 mg		1	
etodolac oral capsule 200 mg, 300 mg		1	
etodolac oral tablet 400 mg	(Lodine)	1	
etodolac oral tablet 500 mg		1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg		1	

藥物名稱		藥物等級	規定／限制
flurbiprofen oral tablet 100 mg, 50 mg		1	
ibu oral tablet 400 mg, 600 mg, 800 mg		1	
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML		1	
indomethacin oral capsule 25 mg, 50 mg		1	
indomethacin oral capsule, extended release 75 mg		1	
ketorolac injection cartridge 15 mg/ml		1	
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)		1	
ketorolac injection syringe 15 mg/ml		1	
ketorolac intramuscular cartridge 60 mg/2 ml		1	
ketorolac oral tablet 10 mg		1	QL (20 per 5 days)
meloxicam oral tablet 15 mg, 7.5 mg	(Mobic)	1	
nabumetone oral tablet 500 mg, 750 mg		1	
naproxen oral suspension 125 mg/5 ml	(Naprosyn)	1	
naproxen oral tablet 250 mg, 375 mg		1	
naproxen oral tablet 500 mg	(Naprosyn)	1	
naproxen sodium oral tablet 275 mg		1	
naproxen sodium oral tablet 550 mg	(Anaprox DS)	1	
piroxicam oral capsule 10 mg, 20 mg	(Feldene)	1	
sulindac oral tablet 150 mg, 200 mg		1	
Anesthetics			
Local Anesthetics			
lidocaine (pf) injection solution 20 mg/ml (2 %), 5 mg/ml (0.5 %)	(Xylocaine-MPF)	1	
lidocaine hcl injection solution 20 mg/ml (2 %)	(Xylocaine)	1	
lidocaine hcl mucous membrane jelly 2 %		1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		1	

藥物名稱		藥物等級	規定／限制
lidocaine topical adhesive patch,medicated 5 %	(Lidoderm)	1	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %		1	QL (50 per 30 days)
lidocaine viscous mucous membrane solution 2 %		1	
lidocaine-prilocaine topical cream 2.5-2.5 %		1	
PRILOVIXIL TOPICAL KIT 2.5-2.5 %		1	
Anti-Addiction/Substance Abuse Treatment Agents			
Anti-Addiction/Substance Abuse Treatment Agents			
acamprosate oral tablet,delayed release (dr/ec) 333 mg		1	
buprenorphine hcl sublingual tablet 2 mg, 8 mg		1	
buprenorphine-naloxone sublingual film 12-3 mg	(Suboxone)	1	QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	1	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		1	QL (90 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		1	ST
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG		1	
CHANTIX ORAL TABLET 0.5 MG, 1 MG		1	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)		1	
disulfiram oral tablet 250 mg, 500 mg	(Antabuse)	1	
naloxone injection solution 0.4 mg/ml		1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		1	
naltrexone oral tablet 50 mg		1	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION		1	QL (2 per 2 days)
NICOTROL INHALATION CARTRIDGE 10 MG		1	

藥物名稱		藥物等級	規定／限制
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		1	
Antianxiety Agents			
Benzodiazepines			
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	(Xanax)	1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	(Xanax XR)	1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg		1	
buspirone oral tablet 10 mg, 15 mg, 5 mg		1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Klonopin)	1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg		1	
clorazepate dipotassium oral tablet 7.5 mg	(Tranxene T-Tab)	1	
diazepam 5 mg/ml oral conc 5 mg/ml		1	
diazepam injection solution 5 mg/ml		1	
diazepam injection syringe 5 mg/ml		1	
diazepam oral concentrate 5 mg/ml	(Diazepam Intensol)	1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)		1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	
estazolam oral tablet 1 mg, 2 mg		1	
flurazepam oral capsule 15 mg, 30 mg		1	
lorazepam injection solution 2 mg/ml, 4 mg/ml	(Ativan)	1	
lorazepam injection syringe 2 mg/ml, 4 mg/ml		1	
lorazepam oral concentrate 2 mg/ml	(Lorazepam Intensol)	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Ativan)	1	

藥物名稱		藥物等級	規定／限制
meprobamate oral tablet 200 mg, 400 mg		1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg		1	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	(Restoril)	1	
triazolam oral tablet 0.125 mg		1	
triazolam oral tablet 0.25 mg	(Halcion)	1	
Antibacterials			
Aminoglycosides			
amikacin injection solution 500 mg/2 ml		1	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml		1	
gentamicin injection solution 20 mg/2 ml, 40 mg/ml		1	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		1	
neomycin oral tablet 500 mg		1	
streptomycin intramuscular recon soln 1 gram		1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		1	PA; NM; NDS
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	1	PA; NM; NDS
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml		1	
Antibacterials, Miscellaneous			
baciim intramuscular recon soln 50,000 unit		1	
chloramphenicol sod succinate intravenous recon soln 1 gram		1	
clindamycin 75 mg/5 ml soln 75 mg/5 ml	(Clindamycin Pediatric)	1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	1	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml		1	

藥物名稱		藥物等級	規定／限制
clindamycin pediatric oral recon soln 75 mg/5 ml		1	
clindamycin phosphate injection solution 150 (mg/ml) (6 ml)		1	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	1	
clindamycin phosphate intravenous solution 600 mg/4 ml	(Cleocin)	1	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	1	
DALVANCE INTRAVENOUS SOLUTION 500 MG		1	NM; NDS
daptomycin intravenous recon soln 500 mg	(Cubicin)	1	NM; NDS
lincomycin injection solution 300 mg/ml	(Lincocin)	1	
linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml		1	PA; NM; NDS
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	1	PA; NM; NDS
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	1	PA; NM; NDS
linezolid oral tablet 600 mg	(Zyvox)	1	PA
methenamine hippurate oral tablet 1 gram	(Hiprex)	1	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	1	
metronidazole oral capsule 375 mg	(Flagyl)	1	
metronidazole oral tablet 250 mg, 500 mg	(Flagyl)	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	(Macrodantin)	1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	1	
nitrofurantoin oral suspension 25 mg/5 ml	(Furadantin)	1	
polymyxin b sulfate injection recon soln 500,000 unit		1	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG		1	PA; NM; NDS; QL (6 per 15 days)
SIVEXTRO ORAL TABLET 200 MG		1	PA; NM; NDS; QL (6 per 15 days)

藥物名稱		藥物等級	規定／限制
SYNERCID INTRAVENOUS RECON SOLN 500 MG		1	NM; NDS
trimethoprim oral tablet 100 mg		1	
vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml		1	
vancomycin intravenous recon soln 10 gram, 5 gram		1	
vancomycin oral capsule 125 mg	(Vancocin)	1	QL (56 per 10 days)
vancomycin oral capsule 250 mg	(Vancocin)	1	NM; NDS
Cephalosporins			
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM		1	
cefaclor oral capsule 250 mg, 500 mg		1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml		1	
cefadroxil oral capsule 500 mg		1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		1	
cefadroxil oral tablet 1 gram		1	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg		1	
cefdinir oral capsule 300 mg		1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	
cefepime injection recon soln 1 gram, 2 gram	(Maxipime)	1	
cefixime oral capsule 400 mg	(Suprax)	1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Suprax)	1	
cefotaxime injection recon soln 1 gram		1	
cefotetan injection recon soln 1 gram, 2 gram	(Cefotan)	1	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram		1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml		1	

藥物名稱		藥物等級	規定／限制
cefpodoxime oral tablet 100 mg, 200 mg		1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	
cefprozil oral tablet 250 mg, 500 mg		1	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	(Tazicef)	1	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg		1	
cefuroxime axetil oral tablet 250 mg, 500 mg		1	
cefuroxime sodium injection recon soln 750 mg		1	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram		1	
cephalexin oral capsule 250 mg, 500 mg	(Keflex)	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	
cephalexin oral tablet 250 mg, 500 mg		1	
SUPRAX ORAL CAPSULE 400 MG		1	
tazicef injection recon soln 1 gram, 2 gram, 6 gram		1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG		1	NM; NDS
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM		1	
Macrolides			
azithromycin intravenous recon soln 500 mg	(Zithromax)	1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	1	
azithromycin oral tablet 250 mg	(Zithromax)	1	
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg		1	
azithromycin oral tablet 500 mg	(Zithromax)	1	

藥物名稱		藥物等級	規定／限制
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	
clarithromycin oral tablet 250 mg, 500 mg		1	
clarithromycin oral tablet extended release 24 hr 500 mg		1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG		1	
ery-tab oral tablet,delayed release (dr/ec) 500 mg		1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG		1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	1	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg		1	
erythromycin oral tablet 500 mg		1	
erythromycin oral tablet,delayed release (dr/ec) 333 mg, 500 mg	(Ery-Tab)	1	
Miscellaneous B-Lactam Antibiotics			
aztreonam injection recon soln 1 gram, 2 gram	(Azactam)	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		1	PA; NM; NDS
ertapenem injection recon soln 1 gram	(Invanz)	1	
imipenem-cilastatin intravenous recon soln 250 mg		1	
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	1	
meropenem intravenous recon soln 500 mg	(Merrem)	1	
meropenem-0.9% nacl 500 mg/50 500 mg/50 ml		1	
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		1	

藥物名稱		藥物等級	規定／限制
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		1	
amoxicillin oral tablet 500 mg, 875 mg		1	
amoxicillin oral tablet,chewable 125 mg, 250 mg		1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		1	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	1	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg		1	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	(Augmentin)	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	(Augmentin XR)	1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		1	
ampicillin oral capsule 250 mg, 500 mg		1	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg		1	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML		1	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)		1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		1	

藥物名稱	藥物等級	規定／限制
dicloxacillin oral capsule 250 mg, 500 mg	1	
nafcillin 1 gm/ 50 ml inj 1 gram/50 ml	1	
nafcillin injection recon soln 1 gram	1	
nafcillin injection recon soln 10 gram, 2 gram	1	
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	
oxacillin injection recon soln 10 gram	1	
penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml	1	
penicillin g potassium injection recon soln 20 million unit (Pfizerpen-G)	1	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	1	
penicillin g sodium injection recon soln 5 million unit	1	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram, 40.5 gram (Zosyn)	1	
ZOSYN 2.25 GRAM VIAL P/F,LTX-FR,INNER,SUV 2.25 GRAM	1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML	1	
Quinolones		
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	1	
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	1	
ciprofloxacin hcl oral tablet 750 mg	1	

藥物名稱		藥物等級	規定／限制
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml		1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	(Cipro)	1	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml		1	
levofloxacin intravenous solution 25 mg/ml		1	
levofloxacin oral solution 250 mg/10 ml		1	
levofloxacin oral tablet 250 mg		1	
levofloxacin oral tablet 500 mg, 750 mg	(Levaquin)	1	
moxifloxacin 400 mg/250 ml bag 400 mg/250 ml		1	
moxifloxacin oral tablet 400 mg		1	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	(Avelox in NaCl (iso-osmotic))	1	
ofloxacin oral tablet 400 mg		1	
Sulfonamides			
sulfadiazine oral tablet 500 mg		1	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml		1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	
Tetracyclines			
demeclocycline oral tablet 150 mg, 300 mg		1	
doxy-100 intravenous recon soln 100 mg		1	
doxycycline hyclate oral capsule 100 mg, 50 mg	(Morgidox)	1	
doxycycline hyclate oral tablet 100 mg, 20 mg		1	
doxycycline hyclate oral tablet 150 mg, 75 mg	(Acticlate)	1	

藥物名稱		藥物等級	規定／限制
doxycycline hyclate oral tablet 50 mg	(Targadox)	1	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	1	
doxycycline monohydrate oral capsule 50 mg	(Monodox)	1	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	(Vibramycin)	1	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	1	
doxycycline monohydrate oral tablet 50 mg, 75 mg		1	
minocycline oral capsule 100 mg, 50 mg, 75 mg		1	
minocycline oral tablet 100 mg, 50 mg, 75 mg		1	
tetracycline oral capsule 250 mg, 500 mg		1	
tigecycline intravenous recon soln 50 mg	(Tygacil)	1	NM; NDS
Anticancer Agents			
Anticancer Agents			
abiraterone oral tablet 250 mg	(Zytiga)	1	PA NSO; NM; NDS
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG		1	NM; NDS
adrucil intravenous solution 2.5 gram/50 ml		1	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG		1	PA NSO; NM; NDS
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG		1	PA NSO; NM; NDS; QL (30 per 30 days)
ALECENSA ORAL CAPSULE 150 MG		1	PA NSO; NM; NDS
ALIMTA INTRAVENOUS RECON SOLN 500 MG		1	NM; NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG		1	PA NSO; NM; NDS
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG		1	PA NSO; NM; NDS
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)		1	PA NSO; NM; NDS

藥物名稱		藥物等級	規定／限制
anastrozole oral tablet 1 mg	(Arimidex)	1	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML		1	
arsenic trioxide intravenous solution 1 mg/ml		1	
arsenic trioxide intravenous solution 2 mg/ml	(Trisenox)	1	
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML		1	NM; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG		1	PA NSO; NM; NDS; QL (30 per 30 days)
azacitidine injection recon soln 100 mg	(Vidaza)	1	NM; NDS
BALVERSA ORAL TABLET 3 MG, 5 MG		1	PA NSO; NM; NDS; QL (30 per 30 days)
BALVERSA ORAL TABLET 4 MG		1	PA NSO; NM; NDS; QL (60 per 30 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML		1	NM; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG		1	PA NSO; NM; NDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)		1	PA NSO; NM; NDS
bexarotene oral capsule 75 mg	(Targretin)	1	PA NSO; NM; NDS
bicalutamide oral tablet 50 mg	(Casodex)	1	
bleomycin injection recon soln 30 unit		1	PA BvD
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG		1	NM; NDS
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG		1	PA NSO; NM; NDS
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG		1	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG		1	PA NSO; NM; NDS
busulfan intravenous solution 60 mg/10 ml	(Busulfex)	1	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		1	PA NSO; NM; NDS
CALQUENCE ORAL CAPSULE 100 MG		1	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG		1	PA NSO; NM; NDS

藥物名稱		藥物等級	規定／限制
carboplatin intravenous solution 10 mg/ml	(Paraplatin)	1	
carmustine intravenous recon soln 100 mg	(BiCNU)	1	NM; NDS
cisplatin intravenous solution 1 mg/ml		1	
cladribine intravenous solution 10 mg/10 ml		1	PA BvD
clofarabine intravenous solution 20 mg/20 ml	(Clolar)	1	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)		1	PA NSO; NM; NDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		1	PA NSO; NM; NDS; QL (60 per 30 days)
COTELLIC ORAL TABLET 20 MG		1	PA NSO; NM; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG		1	PA BvD
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML		1	PA NSO; NM; NDS
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)		1	PA BvD
cytarabine injection solution 20 mg/ml		1	PA BvD
dacarbazine intravenous recon soln 100 mg, 200 mg		1	
dactinomycin intravenous recon soln 0.5 mg	(Cosmegen)	1	NM; NDS
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML		1	PA NSO; NM; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML		1	PA NSO; NM; NDS
daunorubicin intravenous recon soln 20 mg		1	
daunorubicin intravenous solution 5 mg/ml		1	
DAURISMO ORAL TABLET 100 MG		1	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG		1	PA NSO; NM; NDS; QL (60 per 30 days)

藥物名稱		藥物等級	規定／限制
decitabine intravenous recon soln 50 mg	(Dacogen)	1	NM; NDS
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml)		1	NM; NDS
docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)		1	
docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)	(Taxotere)	1	NM; NDS
doxorubicin intravenous recon soln 10 mg, 50 mg	(Adriamycin)	1	PA BvD
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	(Adriamycin)	1	PA BvD
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	(Doxil)	1	NM; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		1	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG		1	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG		1	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG		1	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)		1	
EMCYT ORAL CAPSULE 140 MG		1	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG		1	PA NSO; NM; NDS
epirubicin intravenous recon soln 200 mg, 50 mg		1	
epirubicin intravenous solution 200 mg/100 ml	(Ellence)	1	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML		1	NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG		1	PA NSO; NM; NDS
ERLEADA ORAL TABLET 60 MG		1	PA NSO; NM; NDS; QL (120 per 30 days)

藥物名稱		藥物等級	規定／限制
erlotinib oral tablet 100 mg, 150 mg, 25 mg	(Tarceva)	1	PA NSO; NM; NDS
ERWINAZE INJECTION RECON SOLN 10,000 UNIT		1	PA NSO; NM; NDS
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG		1	
etoposide intravenous solution 20 mg/ml	(Toposar)	1	
exemestane oral tablet 25 mg	(Aromasin)	1	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG		1	PA NSO; NM; NDS; QL (6 per 21 days)
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML		1	NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG		1	PA NSO
fludarabine intravenous recon soln 50 mg		1	
fludarabine intravenous solution 50 mg/2 ml		1	
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml		1	PA BvD
flutamide oral capsule 125 mg		1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)		1	PA NSO; NM; NDS
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg		1	
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)		1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		1	PA NSO; NM; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG		1	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)		1	NM; NDS
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG		1	NM; NDS
hydroxyurea oral capsule 500 mg	(Hydrea)	1	

藥物名稱		藥物等級	規定／限制
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		1	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		1	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG, 45 MG		1	PA NSO; NM; NDS
idarubicin intravenous solution 1 mg/ml	(Idamycin PFS)	1	
IDHIFA ORAL TABLET 100 MG, 50 MG		1	PA NSO; NM; NDS; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram, 3 gram	(Ifex)	1	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml		1	
imatinib oral tablet 100 mg, 400 mg	(Gleevec)	1	PA NSO; NM; NDS
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG		1	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL TABLET 140 MG		1	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL TABLET 280 MG		1	PA NSO; NM; NDS; QL (60 per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG		1	PA NSO; NM; NDS; QL (30 per 30 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML		1	PA NSO; NM; NDS
INLYTA ORAL TABLET 1 MG, 5 MG		1	PA NSO; NM; NDS; QL (240 per 30 days)
INREBIC ORAL CAPSULE 100 MG		1	PA NSO; NM; NDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG		1	PA NSO; NM; NDS
irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml	(Camptosar)	1	
irinotecan intravenous solution 500 mg/25 ml		1	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		1	PA NSO; NM; NDS; QL (60 per 30 days)
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)		1	NM; NDS
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG		1	PA NSO; NM; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML		1	PA NSO; NM; NDS

藥物名稱	藥物等級	規定／限制
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	1	PA NSO; NM; NDS
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	1	PA NSO; NM; NDS
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NM; NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	1	PA NSO; NM; NDS; QL (90 per 30 days)
letrozole oral tablet 2.5 mg (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	1	
leuprolide subcutaneous kit 1 mg/0.2 ml	1	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA NSO; NM; NDS
LORBRENA ORAL TABLET 100 MG, 25 MG	1	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	1	NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	NM; NDS

藥物名稱	藥物等級	規定／限制
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	1	NM; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; NDS
LYSODREN ORAL TABLET 500 MG	1	
MATULANE ORAL CAPSULE 50 MG	1	NM; NDS
megestrol oral tablet 20 mg, 40 mg	1	PA NSO
MEKINIST ORAL TABLET 0.5 MG, 2 MG	1	PA NSO; NM; NDS
MEKTOVI ORAL TABLET 15 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
melphalan hcl intravenous recon soln 50 mg (Alkeran (as HCl))	1	NM; NDS
mercaptopurine oral tablet 50 mg	1	
methotrexate sodium (pf) injection recon soln 1 gram	1	
methotrexate sodium (pf) injection solution 25 mg/ml	1	
methotrexate sodium injection solution 25 mg/ml	1	
methotrexate sodium oral tablet 2.5 mg	1	
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg (Mutamycin)	1	
mitoxantrone intravenous concentrate 2 mg/ml	1	
mutamycin intravenous recon soln 20 mg, 40 mg, 5 mg	1	
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	1	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	1	PA NSO; NM; NDS
nilutamide oral tablet 150 mg (Nilandron)	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA NSO; NM; NDS

藥物名稱	藥物等級	規定／限制
NUBEQA ORAL TABLET 300 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA NSO; NM; NDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	1	PA NSO; NM; NDS
oxaliplatin intravenous recon soln 100 mg, 50 mg	1	
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	1	
paclitaxel intravenous concentrate 6 mg/ml	1	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA NSO; NM; NDS; QL (14 per 21 days)
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	1	PA NSO; NM; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA NSO; NM; NDS; QL (30 per 30 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA NSO; NM; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; NM; NDS
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	1	NM; NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	1	
QINLOCK ORAL TABLET 50 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	1	NM; NDS
romidepsin intravenous recon soln 10 mg/2 ml (Istodax)	1	PA NSO; NM; NDS
romidepsin intravenous solution 5 mg/ml	1	PA NSO; NM; NDS

藥物名稱	藥物等級	規定／限制
ROZLYTREK ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; NM; NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	PA NSO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	1	PA NSO; NM
STIVARGA ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	PA NSO; NM; NDS
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	1	NM; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	1	NM; NDS
TABLOID ORAL TABLET 40 MG	1	
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA NSO; NM; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA NSO; NM; NDS
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	1	
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	1	PA NSO; NM; NDS
TARGRETIN TOPICAL GEL 1 %	1	NM; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	1	PA NSO; NM; NDS
TAZVERIK ORAL TABLET 200 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	1	PA NSO; NM; NDS
temsirolimus intravenous recon soln (Torisel) *30 mg/3 ml (10 mg/ml) (first)*	1	NM; NDS

藥物名稱	藥物等級	規定／限制
thiotepa injection recon soln 100 mg, 15 mg (Tepadina)	1	
TIBSOVO ORAL TABLET 250 MG	1	PA NSO; NM; NDS
topotecan intravenous recon soln 4 mg (Hycamtin)	1	
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	1	
toremifene oral tablet 60 mg (Fareston)	1	
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	1	PA NSO; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	1	NM; NDS
tretinoin (antineoplastic) oral capsule 10 mg	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	1	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	1	
TRODELVY INTRAVENOUS RECON SOLN 180 MG	1	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG, 50 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
TURALIO ORAL CAPSULE 200 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
TYKERB ORAL TABLET 250 MG	1	PA NSO; NM; NDS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	1	NM; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	1	NM; NDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	1	PA NSO
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; NM; NDS
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	1	PA NSO; NM; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
vinblastine intravenous solution 1 mg/ml	1	PA BvD

藥物名稱		藥物等級	規定／限制
vincasar pfs intravenous solution 2 mg/2 ml		1	PA BvD
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	(Vincasar PFS)	1	PA BvD
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	(Navelbine)	1	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG		1	PA NSO; NM; NDS
VITRAKVI ORAL SOLUTION 20 MG/ML		1	PA NSO; NM; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG		1	PA NSO; NM; NDS; QL (30 per 30 days)
VOTRIENT ORAL TABLET 200 MG		1	PA NSO; NM; NDS
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG		1	PA BvD; NM; NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG		1	PA NSO; NM; NDS
XATMEP ORAL SOLUTION 2.5 MG/ML		1	
XOSPATA ORAL TABLET 40 MG		1	PA NSO; NM; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)		1	PA NSO; NM; NDS; QL (20 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)		1	PA NSO; NM; NDS; QL (12 per 28 days)
XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4)		1	PA NSO; NM; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)		1	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG		1	PA NSO; NM; NDS; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)		1	PA NSO; NM; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG		1	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG		1	PA NSO; NM; NDS; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)		1	PA NSO; NM; NDS
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM		1	

藥物名稱		藥物等級	規定／限制
ZEJULA ORAL CAPSULE 100 MG		1	PA NSO; NM; NDS
ZELBORAF ORAL TABLET 240 MG		1	PA NSO; NM; NDS
ZOLINZA ORAL CAPSULE 100 MG		1	PA NSO; NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG		1	PA NSO; NM; NDS
ZYKADIA ORAL CAPSULE 150 MG		1	PA NSO; NM; NDS
ZYKADIA ORAL TABLET 150 MG		1	PA NSO; NM; NDS
ZYTIGA ORAL TABLET 500 MG		1	PA NSO; NM; NDS
Anticholinergic Agents			
Antimuscarinics/Antispasmodics			
atropine injection syringe 0.05 mg/ml		1	
Anticonvulsants			
Anticonvulsants			
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG		1	PA NSO
BANZEL ORAL SUSPENSION 40 MG/ML		1	NM; NDS
BANZEL ORAL TABLET 200 MG		1	
BANZEL ORAL TABLET 400 MG		1	NM; NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML		1	PA NSO
BRIVIACT ORAL SOLUTION 10 MG/ML		1	PA NSO
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		1	PA NSO; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	1	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	1	
carbamazepine oral tablet 200 mg	(Epitol)	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	1	
carbamazepine oral tablet,chewable 100 mg		1	
CELONTIN ORAL CAPSULE 300 MG		1	
clobazam oral suspension 2.5 mg/ml	(Onfi)	1	

藥物名稱		藥物等級	規定／限制
clobazam oral tablet 10 mg, 20 mg	(Onfi)	1	
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG		1	
DIASTAT RECTAL KIT 2.5 MG		1	
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg	(Diastat AcuDial)	1	
diazepam rectal kit 2.5 mg	(Diastat)	1	
DILANTIN ORAL CAPSULE 30 MG		1	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML		1	PA NSO; NM; NDS
ethosuximide oral capsule 250 mg	(Zarontin)	1	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	1	
felbamate oral suspension 600 mg/5 ml	(Felbatol)	1	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	1	
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		1	PA NSO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		1	PA NSO
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	1	
gabapentin oral solution 250 mg/5 ml	(Neurontin)	1	
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	1	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)		1	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)		1	

藥物名稱		藥物等級	規定／限制
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)		1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Lamictal)	1	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	(Lamictal XR)	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	1	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	1	
lamotrigine oral tablets,dose pack 25 mg (35)	(Lamictal Starter (Blue) Kit)	1	
lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)	(Lamictal Starter (Orange) Kit)	1	
lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)	(Lamictal Starter (Green) Kit)	1	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml		1	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	1	
levetiracetam oral solution 100 mg/ml	(Keppra)	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG		1	
LYRICA ORAL SOLUTION 20 MG/ML		1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		1	QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG		1	

藥物名稱		藥物等級	規定／限制
PEGANONE ORAL TABLET 250 MG		1	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		1	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	1	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	1	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	1	
phenytoin sodium intravenous solution 50 mg/ml		1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	(Lyrica)	1	
pregabalin oral solution 20 mg/ml	(Lyrica)	1	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	1	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG		1	PA NSO
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		1	PA NSO
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	(Gabitril)	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	1	
topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	(Qudexy XR)	1	PA NSO
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)		1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		1	
valproic acid oral capsule 250 mg		1	

藥物名稱		藥物等級	規定／限制
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		1	
vigabatrin oral powder in packet 500 mg	(Sabril)	1	PA NSO
vigabatrin oral tablet 500 mg	(Sabril)	1	PA NSO; NM; NDS
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML		1	
VIMPAT ORAL SOLUTION 10 MG/ML		1	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		1	QL (60 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)		1	PA NSO; NM; NDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG		1	PA NSO; NM; NDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 200 MG		1	PA NSO; NM; NDS; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)		1	PA NSO
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)		1	PA NSO; NM; NDS
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	1	
zonisamide oral capsule 50 mg		1	
Antidementia Agents			
Antidementia Agents			
donepezil oral tablet 10 mg, 5 mg	(Aricept)	1	QL (60 per 30 days)
donepezil oral tablet 23 mg	(Aricept)	1	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg		1	ST; QL (30 per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	(Razadyne ER)	1	
galantamine oral solution 4 mg/ml		1	
galantamine oral tablet 12 mg, 4 mg, 8 mg	(Razadyne)	1	

藥物名稱		藥物等級	規定／限制
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	(Namenda XR)	1	
memantine oral solution 2 mg/ml		1	
memantine oral tablet 10 mg, 5 mg	(Namenda)	1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr	(Exelon)	1	ST
Antidepressants			
Antidepressants			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg		1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		1	
bupropion hcl oral tablet 100 mg, 75 mg		1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	1	
citalopram oral solution 10 mg/5 ml		1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	(Celexa)	1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	1	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	1	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		1	
DESVENLAFAXINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 50 MG		1	ST
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG		1	ST
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	
doxepin oral concentrate 10 mg/ml		1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG		1	QL (60 per 30 days)

藥物名稱		藥物等級	規定／限制
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG		1	QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	(Cymbalta)	1	QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg		1	ST; QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		1	ST
escitalopram oxalate oral solution 5 mg/5 ml		1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)		1	ST; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		1	ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	(Prozac)	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		1	
fluoxetine oral tablet 10 mg, 20 mg	(Sarafem)	1	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg		1	ST
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		1	
maprotiline oral tablet 25 mg, 50 mg, 75 mg		1	
MARPLAN ORAL TABLET 10 MG		1	ST
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	1	
mirtazapine oral tablet 45 mg, 7.5 mg		1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	1	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		1	

藥物名稱		藥物等級	規定／限制
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	1	
nortriptyline oral solution 10 mg/5 ml		1	
olanzapine-fluoxetine oral capsule 12-25 mg		1	
olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	(Symbyax)	1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	1	
PAXIL ORAL SUSPENSION 10 MG/5 ML		1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		1	
phenelzine oral tablet 15 mg	(Nardil)	1	
protriptyline oral tablet 10 mg, 5 mg		1	
sertraline oral concentrate 20 mg/ml	(Zoloft)	1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	
tranylcypromine oral tablet 10 mg	(Parnate)	1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		1	ST; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	(Effexor XR)	1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg		1	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG		1	ST; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)		1	ST; QL (30 per 30 days)
Antidiabetic Agents			
Antidiabetic Agents, Miscellaneous			

藥物名稱		藥物等級	規定／限制
acarbose oral tablet 100 mg, 25 mg, 50 mg	(Precose)	1	
AVANDIA ORAL TABLET 2 MG, 4 MG		1	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG		1	ST; QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG		1	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG		1	ST; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		1	ST; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG		1	ST; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		1	ST; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		1	ST; QL (30 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG		1	ST; QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG		1	PA; NM; NDS
metformin oral tablet 1,000 mg, 500 mg, 850 mg	(Glucophage)	1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	(Glucophage XR)	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	(Glyset)	1	
nateglinide oral tablet 120 mg, 60 mg	(Starlix)	1	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG		1	ST; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)		1	ST; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	1	
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	(DUETACT)	1	

藥物名稱	藥物等級	規定／限制
repaglinide oral tablet 0.5 mg	1	
repaglinide oral tablet 1 mg, 2 mg (Prandin)	1	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	1	ST; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	ST; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	ST; QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	1	ST; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	1	ST; QL (9 per 30 days)
Insulins		
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	1	

藥物名稱		藥物等級	規定／限制
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		1	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)		1	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		1	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML		1	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML		1	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)		1	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)		1	
Sulfonylureas			
chlorpropamide oral tablet 100 mg, 250 mg		1	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	(Amaryl)	1	
glipizide oral tablet 10 mg, 5 mg	(Glucotrol)	1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	(Glucotrol XL)	1	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg		1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	(Glynase)	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		1	
tolazamide oral tablet 250 mg, 500 mg		1	
tolbutamide oral tablet 500 mg		1	
Antifungals			
Antifungals			

藥物名稱		藥物等級	規定／限制
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		1	PA BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG		1	PA BvD
amphotericin b injection recon soln 50 mg		1	PA BvD
caspofungin intravenous recon soln 50 mg, 70 mg	(Cancidas)	1	NM; NDS
ciclopirox topical cream 0.77 %	(Ciclodan)	1	
ciclopirox topical gel 0.77 %		1	
ciclopirox topical shampoo 1 %	(Loprox)	1	
ciclopirox topical solution 8 %	(Ciclodan)	1	
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	1	
clotrimazole mucous membrane troche 10 mg		1	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	1	
clotrimazole topical solution 1 %		1	
clotrimazole-betamethasone topical cream 1-0.05 %		1	
clotrimazole-betamethasone topical lotion 1-0.05 %		1	
econazole topical cream 1 %		1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG		1	
ERTACZO TOPICAL CREAM 2 %		1	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		1	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	(Diflucan)	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Diflucan)	1	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	1	NM; NDS
griseofulvin microsize oral suspension 125 mg/5 ml		1	
griseofulvin microsize oral tablet 500 mg		1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		1	

藥物名稱		藥物等級	規定／限制
itraconazole oral capsule 100 mg	(Sporanox)	1	PA
ketoconazole oral tablet 200 mg		1	
ketoconazole topical cream 2 %		1	
ketoconazole topical foam 2 %	(Extina)	1	
ketoconazole topical shampoo 2 %	(Nizoral)	1	
micafungin intravenous recon soln 100 mg, 50 mg	(Mycamine)	1	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG		1	
naftifine topical cream 1 %		1	
naftifine topical cream 2 %	(Naftin)	1	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)		1	PA; NM; NDS
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG		1	PA; NM; NDS
nyamyc topical powder 100,000 unit/gram		1	
nystatin oral suspension 100,000 unit/ml		1	
nystatin oral tablet 500,000 unit		1	
nystatin topical cream 100,000 unit/gram		1	
nystatin topical ointment 100,000 unit/gram		1	
nystatin topical powder 100,000 unit/gram	(Nyamyc)	1	
nystop topical powder 100,000 unit/gram		1	
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	1	PA; NM; NDS
terbinafine hcl oral tablet 250 mg		1	
voriconazole intravenous recon soln 200 mg	(Vfend IV)	1	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	1	PA; NM; NDS
voriconazole oral tablet 200 mg, 50 mg	(Vfend)	1	PA; NM; NDS
Antigout Agents			
Antigout Agents, Other			
allopurinol oral tablet 100 mg, 300 mg	(Zyloprim)	1	

藥物名稱		藥物等級	規定／限制
colchicine oral capsule 0.6 mg	(Mitigare)	1	
colchicine oral tablet 0.6 mg	(Colcrys)	1	
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	1	ST
probenecid oral tablet 500 mg		1	
probenecid-colchicine oral tablet 500-0.5 mg		1	
ULORIC ORAL TABLET 40 MG, 80 MG		1	ST
Antihistamines			
Antihistamines			
carbinoxamine maleate oral liquid 4 mg/5 ml		1	
carbinoxamine maleate oral tablet 4 mg		1	
cetirizine oral solution 1 mg/ml	(All Day Allergy (cetirizine))	1	
clemastine oral tablet 2.68 mg		1	
cyproheptadine oral syrup 2 mg/5 ml		1	
cyproheptadine oral tablet 4 mg		1	
desloratadine oral tablet 5 mg	(Clarinex)	1	
diphenhydramine hcl injection solution 50 mg/ml		1	
diphenhydramine hcl injection syringe 50 mg/ml		1	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml		1	
hydroxyzine hcl oral solution 10 mg/5 ml		1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		1	
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	1	
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	1	
promethazine oral syrup 6.25 mg/5 ml		1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	(Promethazine VC)	1	
Anti-Infectives (Skin And Mucous Membrane)			
Anti-Infectives (Skin And Mucous Membrane)			
AVC VAGINAL VAGINAL CREAM 15 %		1	

藥物名稱		藥物等級	規定／限制
clindamycin phosphate vaginal cream 2 %	(Cleocin)	1	
metronidazole vaginal gel 0.75 %	(Metrogel Vaginal)	1	
terconazole vaginal cream 0.4 %, 0.8 %		1	
terconazole vaginal suppository 80 mg		1	
Antimigraine Agents			
Antimigraine Agents			
dihydroergotamine injection solution 1 mg/ml	(D.H.E.45)	1	
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	1	QL (16 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	(Amerge)	1	QL (18 per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG		1	PA; QL (9 per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	1	QL (36 per 60 days)
rizatriptan oral tablet 5 mg		1	QL (36 per 60 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	1	QL (36 per 60 days)
rizatriptan oral tablet,disintegrating 5 mg		1	QL (36 per 60 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	(Imitrex)	1	QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	(Imitrex)	1	QL (18 per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Refill)	1	QL (5 per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	1	QL (5 per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	1	QL (5 per 30 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		1	QL (5 per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	1	QL (18 per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	(Zomig ZMT)	1	QL (18 per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG		1	QL (16 per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG		1	QL (12 per 30 days)
Antimycobacterials			
Antimycobacterials			

藥物名稱		藥物等級	規定／限制
CAPASTAT INJECTION RECON SOLN 1 GRAM		1	
dapsone oral tablet 100 mg, 25 mg		1	
ethambutol oral tablet 100 mg		1	
ethambutol oral tablet 400 mg	(Myambutol)	1	
isoniazid injection solution 100 mg/ml		1	
isoniazid oral solution 50 mg/5 ml		1	
isoniazid oral tablet 100 mg, 300 mg		1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		1	
PRIFTIN ORAL TABLET 150 MG		1	
pyrazinamide oral tablet 500 mg		1	
rifabutin oral capsule 150 mg	(Mycobutin)	1	
RIFAMATE ORAL CAPSULE 300-150 MG		1	
rifampin intravenous recon soln 600 mg	(Rifadin)	1	
rifampin oral capsule 150 mg, 300 mg	(Rifadin)	1	
RIFATER ORAL TABLET 50-120-300 MG		1	
SIRTURO ORAL TABLET 100 MG		1	PA; NM; NDS
TRECATOR ORAL TABLET 250 MG		1	
Antinausea Agents			
Antinausea Agents			
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG		1	PA BvD; QL (1 per 7 days)
aprepitant oral capsule 125 mg		1	PA BvD; QL (3 per 2 days)
aprepitant oral capsule 40 mg	(Emend)	1	PA BvD; QL (3 per 2 days)
aprepitant oral capsule 80 mg	(Emend)	1	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	1	PA BvD; QL (6 per 28 days)
CESAMET ORAL CAPSULE 1 MG		1	PA
compro rectal suppository 25 mg		1	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	1	PA
granisetron (pf) intravenous solution 100 mcg/ml		1	

藥物名稱		藥物等級	規定／限制
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)		1	
granisetron hcl oral tablet 1 mg		1	PA BvD; QL (30 per 30 days)
meclizine oral tablet 12.5 mg		1	
meclizine oral tablet 25 mg	(Dramamine Less Drowsy)	1	
ondansetron hcl (pf) injection solution 4 mg/2 ml		1	
ondansetron hcl (pf) injection syringe 4 mg/2 ml		1	
ondansetron hcl intravenous solution 2 mg/ml		1	
ondansetron hcl oral solution 4 mg/5 ml		1	PA BvD
ondansetron hcl oral tablet 24 mg		1	PA BvD
ondansetron hcl oral tablet 4 mg, 8 mg	(Zofran)	1	PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg		1	PA BvD
phenadoz rectal suppository 12.5 mg		1	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml		1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	1	
prochlorperazine rectal suppository 25 mg	(Compro)	1	
promethazine injection solution 25 mg/ml, 50 mg/ml	(Phenergan)	1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Promethegan)	1	
promethegan rectal suppository 25 mg, 50 mg		1	
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS		1	
trimethobenzamide oral capsule 300 mg	(Tigan)	1	PA
VARUBI ORAL TABLET 90 MG		1	PA BvD

藥物名稱		藥物等級	規定／限制
Antiparasite Agents			
Antiparasite Agents			
albendazole oral tablet 200 mg	(Albenza)	1	NM; NDS
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		1	
ALINIA ORAL TABLET 500 MG		1	
atovaquone oral suspension 750 mg/5 ml	(Mepron)	1	NM; NDS
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	1	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	1	
chloroquine phosphate oral tablet 250 mg, 500 mg		1	
COARTEM ORAL TABLET 20-120 MG		1	
DARAPRIM ORAL TABLET 25 MG		1	NM; NDS
EMVERM ORAL TABLET,CHEWABLE 100 MG		1	NM; NDS
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	1	
ivermectin oral tablet 3 mg	(Stromectol)	1	
mefloquine oral tablet 250 mg		1	
NEBUPENT INHALATION RECON SOLN 300 MG		1	PA BvD
paromomycin oral capsule 250 mg		1	
PENTAM INJECTION RECON SOLN 300 MG		1	PA BvD
pentamidine inhalation recon soln 300 mg	(Nebupent)	1	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	1	PA BvD
PRIMAQUINE ORAL TABLET 26.3 MG		1	
pyrimethamine oral tablet 25 mg	(Daraprim)	1	NM; NDS
quinine sulfate oral capsule 324 mg	(Qualaquin)	1	
tinidazole oral tablet 250 mg, 500 mg		1	
Antiparkinsonian Agents			
Antiparkinsonian Agents			
amantadine hcl oral capsule 100 mg		1	
amantadine hcl oral solution 50 mg/5 ml		1	

藥物名稱		藥物等級	規定／限制
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML		1	NM; NDS
benztropine injection solution 1 mg/ml	(Cogentin)	1	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		1	
bromocriptine oral capsule 5 mg	(Parlodel)	1	
bromocriptine oral tablet 2.5 mg	(Parlodel)	1	
cabergoline oral tablet 0.5 mg		1	
carbidopa oral tablet 25 mg	(Lodosyn)	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	(Sinemet)	1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg		1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg	(Stalevo 50)	1	
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg	(Stalevo 75)	1	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg	(Stalevo 100)	1	
carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg	(Stalevo 125)	1	
carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg	(Stalevo 150)	1	
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg	(Stalevo 200)	1	
entacapone oral tablet 200 mg	(Comtan)	1	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR		1	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	(Mirapex)	1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	(Mirapex ER)	1	
rasagiline oral tablet 0.5 mg, 1 mg	(Azilect)	1	

藥物名稱		藥物等級	規定／限制
ropinirole oral tablet 0.25 mg, 3 mg, 5 mg	(Requip)	1	
ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg		1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 6 mg	(Requip XL)	1	
ropinirole oral tablet extended release 24 hr 4 mg, 8 mg		1	
selegiline hcl oral capsule 5 mg		1	
selegiline hcl oral tablet 5 mg		1	
tolcapone oral tablet 100 mg	(Tasmar)	1	
trihexyphenidyl oral elixir 0.4 mg/ml		1	
trihexyphenidyl oral tablet 2 mg, 5 mg		1	
Antipsychotic Agents			
Antipsychotic Agents			
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG		1	PA NSO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG		1	PA NSO
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG		1	PA NSO; NM; NDS; QL (30 per 30 days)
aripiprazole oral solution 1 mg/ml		1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	(Abilify)	1	
aripiprazole oral tablet,disintegrating 10 mg, 15 mg		1	PA NSO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML		1	PA NSO; NM; NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML		1	PA NSO; NM; NDS
CAPLYTA ORAL CAPSULE 42 MG		1	PA NSO; QL (30 per 30 days)

藥物名稱		藥物等級	規定／限制
chlorpromazine injection solution 25 mg/ml		1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		1	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Clozaril)	1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg		1	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		1	PA NSO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)		1	PA NSO; QL (60 per 30 days)
fluphenazine decanoate injection solution 25 mg/ml		1	
fluphenazine hcl injection solution 2.5 mg/ml		1	
fluphenazine hcl oral concentrate 5 mg/ml		1	
fluphenazine hcl oral elixir 2.5 mg/5 ml		1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg		1	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)		1	
haloperidol decanoate intramuscular solution 100 mg/ml	(Haldol Decanoate)	1	
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)		1	
haloperidol decanoate intramuscular solution 50 mg/ml	(Haldol Decanoate)	1	
haloperidol lactate injection solution 5 mg/ml	(Haldol)	1	
haloperidol lactate intramuscular syringe 5 mg/ml		1	
haloperidol lactate oral concentrate 2 mg/ml		1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg		1	

藥物名稱		藥物等級	規定／限制
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML		1	PA NSO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG		1	PA NSO; QL (30 per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg		1	
molindone oral tablet 10 mg, 25 mg, 5 mg		1	
NUPLAZID ORAL CAPSULE 34 MG		1	PA NSO; NM; NDS
NUPLAZID ORAL TABLET 10 MG		1	PA NSO; NM; NDS
olanzapine intramuscular recon soln 10 mg	(Zyprexa)	1	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	1	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg	(Invega)	1	PA NSO
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG		1	PA NSO; NM; NDS
pimozide oral tablet 1 mg, 2 mg		1	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		1	PA NSO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML		1	PA NSO
risperidone oral solution 1 mg/ml	(Risperdal)	1	

藥物名稱		藥物等級	規定／限制
risperidone oral tablet 0.25 mg		1	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	1	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		1	
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG		1	PA NSO; QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		1	PA NSO; NM; NDS; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg		1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML		1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		1	PA NSO; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)		1	PA NSO; QL (30 per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	(Geodon)	1	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	(Geodon)	1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG		1	
Antivirals (Systemic)			
Antiretrovirals			
abacavir oral solution 20 mg/ml	(Ziagen)	1	
abacavir oral tablet 300 mg	(Ziagen)	1	
abacavir-lamivudine oral tablet 600-300 mg	(Epzicom)	1	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	(Trizivir)	1	
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML		1	NM; NDS

藥物名稱		藥物等級	規定／限制
APTIVUS ORAL CAPSULE 250 MG		1	NM; NDS
atazanavir oral capsule 150 mg, 200 mg, 300 mg	(Reyataz)	1	NM; NDS
ATRIPLA ORAL TABLET 600-200-300 MG		1	NM; NDS
BIKTARVY ORAL TABLET 50-200-25 MG		1	NM; NDS
CIMDUO ORAL TABLET 300-300 MG		1	NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG		1	NM; NDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG		1	
DELSTRIGO ORAL TABLET 100-300-300 MG		1	NM; NDS
DESCOVY ORAL TABLET 200-25 MG		1	NM; NDS
didanosine oral capsule,delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg		1	
DOVATO ORAL TABLET 50-300 MG		1	NM; NDS
EDURANT ORAL TABLET 25 MG		1	NM; NDS
efavirenz oral capsule 200 mg, 50 mg	(Sustiva)	1	
efavirenz oral tablet 600 mg	(Sustiva)	1	
EMTRIVA ORAL CAPSULE 200 MG		1	
EMTRIVA ORAL SOLUTION 10 MG/ML		1	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)		1	
EVOTAZ ORAL TABLET 300-150 MG		1	NM; NDS
fosamprenavir oral tablet 700 mg	(Lexiva)	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		1	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG		1	NM; NDS
INTELENCE ORAL TABLET 100 MG, 200 MG		1	NM; NDS
INTELENCE ORAL TABLET 25 MG		1	

藥物名稱		藥物等級	規定／限制
INVIRASE ORAL TABLET 500 MG		1	NM; NDS
ISENTRESS HD ORAL TABLET 600 MG		1	
ISENTRESS ORAL POWDER IN PACKET 100 MG		1	
ISENTRESS ORAL TABLET 400 MG		1	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG		1	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG		1	
JULUCA ORAL TABLET 50-25 MG		1	NM; NDS
KALETRA ORAL TABLET 100-25 MG		1	
KALETRA ORAL TABLET 200-50 MG		1	NM; NDS
lamivudine oral solution 10 mg/ml	(Epivir)	1	
lamivudine oral tablet 100 mg	(Epivir HBV)	1	
lamivudine oral tablet 150 mg, 300 mg	(Epivir)	1	
lamivudine-zidovudine oral tablet 150-300 mg	(Combivir)	1	
LEXIVA ORAL SUSPENSION 50 MG/ML		1	
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	1	NM; NDS
nevirapine oral suspension 50 mg/5 ml	(Viramune)	1	
nevirapine oral tablet 200 mg	(Viramune)	1	
nevirapine oral tablet extended release 24 hr 100 mg		1	
nevirapine oral tablet extended release 24 hr 400 mg	(Viramune XR)	1	
NORVIR ORAL POWDER IN PACKET 100 MG		1	
NORVIR ORAL SOLUTION 80 MG/ML		1	
ODEFSEY ORAL TABLET 200-25-25 MG		1	NM; NDS
PIFELTRO ORAL TABLET 100 MG		1	NM; NDS

藥物名稱	藥物等級	規定／限制
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	1	
PREZISTA ORAL TABLET 150 MG, 75 MG	1	
PREZISTA ORAL TABLET 600 MG, 800 MG	1	NM; NDS
RESCRIPTOR ORAL TABLET 200 MG	1	
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	1	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	
REYATAZ ORAL POWDER IN PACKET 50 MG	1	NM; NDS
ritonavir oral tablet 100 mg (Norvir)	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	1	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	1	NM; NDS
SELZENTRY ORAL TABLET 25 MG	1	NM
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	1	NM; NDS
SYMFI LO ORAL TABLET 400-300-300 MG	1	NM; NDS
SYMFI ORAL TABLET 600-300-300 MG	1	NM; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	1	NM; NDS
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	1	
TIVICAY ORAL TABLET 10 MG, 25 MG	1	
TIVICAY ORAL TABLET 50 MG	1	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	1	
TRIUMEQ ORAL TABLET 600-50-300 MG	1	NM; NDS

藥物名稱		藥物等級	規定／限制
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG		1	NM; NDS
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)		1	
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG		1	
VIRACEPT ORAL TABLET 250 MG, 625 MG		1	NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		1	NM; NDS
zidovudine oral capsule 100 mg	(Retrovir)	1	
zidovudine oral syrup 10 mg/ml	(Retrovir)	1	
zidovudine oral tablet 300 mg		1	
Antivirals, Miscellaneous			
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	(Tamiflu)	1	QL (84 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	1	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		1	
rimantadine oral tablet 100 mg	(Flumadine)	1	
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML		1	PA; NM; NDS
Hcv Antivirals			
EPCLUSA ORAL TABLET 400-100 MG		1	PA; NM; NDS; QL (30 per 30 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG		1	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG		1	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG		1	PA; NM; NDS; QL (30 per 30 days)
MAVYRET ORAL TABLET 100-40 MG		1	PA; NM; NDS; QL (84 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG		1	PA; NM; NDS; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG		1	PA; NM; NDS; QL (56 per 28 days)

藥物名稱		藥物等級	規定／限制
SOVALDI ORAL TABLET 200 MG, 400 MG		1	PA; NM; NDS; QL (30 per 30 days)
VOSEVI ORAL TABLET 400-100-100 MG		1	PA; NM; NDS; QL (28 per 28 days)
Interferons			
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)		1	
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)		1	NM; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML		1	NM; NDS
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML		1	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML		1	PA; NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		1	PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		1	PA; NM; NDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG		1	PA NSO; NM; NDS
Nucleosides And Nucleotides			
acyclovir oral capsule 200 mg		1	
acyclovir oral suspension 200 mg/5 ml	(Zovirax)	1	
acyclovir oral tablet 400 mg, 800 mg		1	
acyclovir sodium intravenous solution 50 mg/ml		1	PA BvD
adefovir oral tablet 10 mg	(Hepsera)	1	PA; NM; NDS
BARACLUDE ORAL SOLUTION 0.05 MG/ML		1	PA; NM; NDS
cidofovir intravenous solution 75 mg/ml		1	
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		1	
ganciclovir sodium intravenous recon soln 500 mg	(Cytovene)	1	PA BvD
ribasphere oral capsule 200 mg		1	
ribasphere oral tablet 600 mg		1	NM; NDS
ribasphere ribapak oral tablets,dose pack 600 mg (7)- 600 mg (7)		1	NM; NDS

藥物名稱		藥物等級	規定／限制
ribavirin inhalation recon soln 6 gram	(Virazole)	1	NM; NDS
ribavirin oral capsule 200 mg		1	
ribavirin oral tablet 200 mg		1	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	1	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	1	NM; NDS
valganciclovir oral tablet 450 mg	(Valcyte)	1	NM; NDS
Blood Products/Modifiers/Volume Expanders			
Anticoagulants			
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		1	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		1	
enoxaparin subcutaneous solution 300 mg/3 ml	(Lovenox)	1	QL (51 per 17 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	(Lovenox)	1	QL (34 per 17 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	1	QL (28 per 17 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	1	QL (11 per 17 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	1	QL (14 per 17 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	1	QL (21 per 17 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	(Arixtra)	1	PA; NM; NDS
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	1	PA
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML		1	NM; NDS

藥物名稱	藥物等級	規定／限制
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	1	
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1	PA BvD
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	1	PA BvD
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	PA BvD
heparin (porcine) injection syringe 5,000 unit/ml	1	PA BvD
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml	1	PA BvD
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	1	PA BvD
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	PA BvD
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml	1	PA BvD
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	1	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	
Blood Formation Modifiers		

藥物名稱	藥物等級	規定／限制
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	1	PA BvD
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	1	PA BvD
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	1	PA; NM; NDS
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	1	PA; NM; NDS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	NM; NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	1	NM; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	NM; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA BvD
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA BvD; NM; NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	1	PA; NM; NDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	1	PA; NM; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	1	PA BvD
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	1	PA; NM; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	NM; NDS
Hematologic Agents, Miscellaneous		
anagrelide oral capsule 0.5 mg (Agrylin)	1	

藥物名稱		藥物等級	規定／限制
anagrelide oral capsule 1 mg		1	
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)	(Cyklokapron)	1	
tranexamic acid oral tablet 650 mg	(Lysteda)	1	
Platelet-Aggregation Inhibitors			
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	(Aggrenox)	1	
BRILINTA ORAL TABLET 60 MG, 90 MG		1	
cilostazol oral tablet 100 mg, 50 mg		1	
clopidogrel oral tablet 75 mg	(Plavix)	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		1	
pentoxifylline oral tablet extended release 400 mg		1	
prasugrel oral tablet 10 mg, 5 mg	(Effient)	1	
Caloric Agents			
Caloric Agents			
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %		1	PA
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %		1	PA
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		1	PA
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %		1	PA
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %		1	PA
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %		1	PA
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %		1	PA
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		1	PA

藥物名稱	藥物等級	規定／限制
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	1	PA
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	1	PA
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	1	PA
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA

藥物名稱	藥物等級	規定／限制
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	1	PA
dextrose 5 % in water (d5w) intravenous parenteral solution	1	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	1	PA
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	1	PA
INTRALIPID INTRAVENOUS EMULSION 20 %	1	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	1	PA
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	PA BvD
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	1	PA
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	1	PA
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	1	PA
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	1	PA
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA
Cardiovascular Agents		
Alpha-Adrenergic Agents		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg (Catapres)	1	
clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)	1	

藥物名稱		藥物等級	規定／限制
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	1	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	1	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	
guanfacine oral tablet 1 mg, 2 mg		1	
methyldopa oral tablet 250 mg, 500 mg		1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg		1	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG		1	PA; NM; NDS
phenoxybenzamine oral capsule 10 mg	(Dibenzyline)	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	(Minipress)	1	
Angiotensin Ii Receptor Antagonists			
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	1	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		1	PA
eprosartan oral tablet 600 mg		1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	(Avapro)	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	1	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	(Twynsta)	1	

藥物名稱		藥物等級	規定／限制
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	
benazepril oral tablet 5 mg		1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	1	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	
EPANED ORAL SOLUTION 1 MG/ML		1	PA
fosinopril oral tablet 10 mg, 20 mg, 40 mg		1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		1	
lisinopril oral tablet 10 mg, 20 mg	(Prinivil)	1	
lisinopril oral tablet 2.5 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	
moexipril oral tablet 15 mg, 7.5 mg		1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		1	

藥物名稱		藥物等級	規定／限制
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg		1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg	(Tarka)	1	
Antiarrhythmic Agents			
amiodarone intravenous solution 50 mg/ml		1	
amiodarone oral tablet 100 mg, 200 mg, 400 mg	(Pacerone)	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	1	
flecainide oral tablet 100 mg, 150 mg, 50 mg		1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg		1	
MULTAQ ORAL TABLET 400 MG		1	
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)		1	
pacerone oral tablet 200 mg, 400 mg		1	
procainamide injection solution 100 mg/ml, 500 mg/ml		1	
procainamide intravenous syringe 100 mg/ml		1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	(Rythmol SR)	1	
propafenone oral tablet 150 mg, 225 mg, 300 mg		1	
quinidine gluconate oral tablet extended release 324 mg		1	

藥物名稱		藥物等級	規定／限制
quinidine sulfate oral tablet 200 mg, 300 mg		1	
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	1	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	1	
betaxolol oral tablet 10 mg, 20 mg		1	
bisoprolol fumarate oral tablet 10 mg, 5 mg		1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg		1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg		1	
metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg	(Lopressor HCT)	1	
metoprolol tartrate intravenous syringe 5 mg/5 ml		1	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	1	
metoprolol tartrate oral tablet 25 mg, 75 mg		1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	(Corgard)	1	
nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg		1	
pindolol oral tablet 10 mg, 5 mg		1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		1	

藥物名稱		藥物等級	規定／限制
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg		1	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg		1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg		1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(Sorine)	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		1	
Calcium-Channel Blocking Agents			
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg		1	
diltiazem hcl intravenous recon soln 100 mg		1	
diltiazem hcl intravenous solution 5 mg/ml		1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		1	
diltiazem hcl oral capsule,extended release 24 hr 360 mg	(Taztia XT)	1	
diltiazem hcl oral capsule,extended release 24 hr 420 mg	(Tiadylt ER)	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	1	
diltiazem hcl oral tablet 90 mg		1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg		1	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg		1	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg		1	
verapamil intravenous solution 2.5 mg/ml		1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	(Verelan PM)	1	

藥物名稱		藥物等級	規定／限制
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	(Verelan)	1	
verapamil oral tablet 120 mg, 40 mg, 80 mg		1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	(Calan SR)	1	
Cardiovascular Agents, Miscellaneous			
CORLANOR ORAL TABLET 5 MG, 7.5 MG		1	PA
DEMSER ORAL CAPSULE 250 MG		1	NM; NDS
digitek oral tablet 125 mcg (0.125 mg)		1	QL (30 per 30 days)
digitek oral tablet 250 mcg (0.25 mg)		1	
digox oral tablet 125 mcg (0.125 mg)		1	QL (30 per 30 days)
digox oral tablet 250 mcg (0.25 mg)		1	
digoxin 125 mcg tablet 125 mcg (0.125 mg)	(Digitek)	1	QL (30 per 30 days)
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)		1	
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)		1	
digoxin oral tablet 125 mcg (0.125 mg)	(Digitek)	1	QL (30 per 30 days)
digoxin oral tablet 250 mcg (0.25 mg)	(Digitek)	1	
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr 2-Pak)	1	QL (2 per 15 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	(EpiPen 2-Pak)	1	QL (2 per 15 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML		1	QL (2 per 15 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML		1	QL (2 per 15 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML		1	PA; NM; NDS
hydralazine injection solution 20 mg/ml		1	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
icatibant subcutaneous syringe 30 mg/3 ml	(Firazyr)	1	PA; NM; NDS

藥物名稱		藥物等級	規定／限制
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	(Ranexa)	1	
Dihydropyridines			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	(Lotrel)	1	
amlodipine-benazepril oral capsule 2.5-10 mg		1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	1	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		1	
isradipine oral capsule 2.5 mg, 5 mg		1	
nicardipine intravenous solution 25 mg/10 ml	(Cardene IV)	1	
nicardipine oral capsule 20 mg, 30 mg		1	
nifedipine oral capsule 10 mg	(Procardia)	1	
nifedipine oral capsule 20 mg		1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	(Adalat CC)	1	
nimodipine oral capsule 30 mg		1	
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	(Sular)	1	
nisoldipine oral tablet extended release 24 hr 20 mg, 30 mg, 40 mg		1	
Diuretics			
amiloride oral tablet 5 mg		1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		1	
bumetanide injection solution 0.25 mg/ml		1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		1	

藥物名稱		藥物等級	規定／限制
chlorothiazide oral tablet 250 mg, 500 mg		1	
chlorothiazide sodium intravenous recon soln 500 mg	(Diuril IV)	1	
chlorthalidone oral tablet 25 mg, 50 mg		1	
ethacrynic acid oral tablet 25 mg	(Edecrin)	1	
furosemide injection solution 10 mg/ml		1	
furosemide injection syringe 10 mg/ml		1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg		1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	
indapamide oral tablet 1.25 mg, 2.5 mg		1	
methyclothiazide oral tablet 5 mg		1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	(Aldactazide)	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	(Dyazide)	1	
triamterene-hydrochlorothiazid oral capsule 50-25 mg		1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg	(Maxzide-25mg)	1	
triamterene-hydrochlorothiazid oral tablet 75-50 mg	(Maxzide)	1	
Dyslipidemics			
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	1	

藥物名稱		藥物等級	規定／限制
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		1	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	1	
cholestyramine light oral powder 4 gram		1	
cholestyramine light packet 4 gram		1	
colesevelam oral powder in packet 3.75 gram	(WelChol)	1	
colesevelam oral tablet 625 mg	(WelChol)	1	
colestipol oral packet 5 gram	(Colestid)	1	
colestipol oral tablet 1 gram	(Colestid)	1	
ezetimibe oral tablet 10 mg	(Zetia)	1	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	1	
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	1	
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	1	
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	1	
fenofibrate oral capsule 150 mg, 50 mg	(Lipofen)	1	
fenofibrate oral tablet 160 mg, 54 mg		1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	(Trilipix)	1	
fluvastatin oral capsule 20 mg, 40 mg	(Lescol)	1	
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	1	
gemfibrozil oral tablet 600 mg	(Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG		1	PA; NM; NDS
lovastatin oral tablet 10 mg, 20 mg, 40 mg		1	

藥物名稱		藥物等級	規定／限制
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	(Niaspan Extended-Release)	1	
niacor oral tablet 500 mg		1	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	1	
pravastatin oral tablet 10 mg, 80 mg		1	
pravastatin oral tablet 20 mg, 40 mg	(Pravachol)	1	
prevalite oral powder in packet 4 gram		1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		1	PA; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		1	PA; QL (2 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		1	PA; QL (2 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Zocor)	1	
simvastatin oral tablet 5 mg		1	
Renin-Angiotensin-Aldosterone System Inhibitors			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	1	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	1	
Vasodilators			
BIDIL ORAL TABLET 20-37.5 MG		1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		1	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	1	
isosorbide dinitrate oral tablet extended release 40 mg	(ISOCHRON)	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg		1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		1	
minoxidil oral tablet 10 mg, 2.5 mg		1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	1	

藥物名稱		藥物等級	規定／限制
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Minitran)	1	
Central Nervous System Agents			
Central Nervous System Agents			
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	(Strattera)	1	QL (60 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG		1	PA; NM; NDS; QL (28 per 28 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG		1	PA; NM; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML		1	PA; NM; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		1	PA; NM; NDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		1	PA; NM; NDS
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	1	PA; NM; NDS; QL (60 per 30 days)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	(Focalin XR)	1	
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	1	
dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg	(Dexedrine Spansule)	1	
dextroamphetamine oral tablet 10 mg, 5 mg	(Zenzedi)	1	
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	(Adderall XR)	1	
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	1	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG		1	PA; NM; NDS
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG		1	PA; NM; NDS; QL (28 per 28 days)
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	(Copaxone)	1	PA; NM; NDS; QL (30 per 30 days)

藥物名稱		藥物等級	規定／限制
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		1	
lithium carbonate oral tablet 300 mg		1	
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	1	
lithium carbonate oral tablet extended release 450 mg		1	
lithium citrate oral solution 8 meq/5 ml		1	
metadate er oral tablet extended release 20 mg		1	
methamphetamine oral tablet 5 mg	(Desoxyn)	1	PA
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg		1	
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 40 mg	(Ritalin LA)	1	
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	1	
methylphenidate hcl oral tablet extended release 10 mg		1	
methylphenidate hcl oral tablet extended release 20 mg	(Metadate ER)	1	
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)		1	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	(Concerta)	1	
methylphenidate hcl oral tablet extended release 24hr 72 mg	(Relexxii)	1	
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg		1	
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML		1	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML		1	PA; NM; NDS
riluzole oral tablet 50 mg	(Rilutek)	1	

藥物名稱	藥物等級	規定／限制
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	1	PA; NM; NDS; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)-240 MG (46), 240 MG	1	PA; NM; NDS; QL (60 per 30 days)
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	1	PA; NM; NDS
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	1	
Contraceptives		
Contraceptives		
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	1	
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	
amethyst (28) oral tablet 90-20 mcg (28)	1	
apri oral tablet 0.15-0.03 mg	1	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	1	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	
aubra oral tablet 0.1-20 mg-mcg	1	
aviane oral tablet 0.1-20 mg-mcg	1	
balziva (28) oral tablet 0.4-35 mg-mcg	1	
bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
briellyn oral tablet 0.4-35 mg-mcg	1	
camila oral tablet 0.35 mg	1	
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	

藥物名稱		藥物等級	規定／限制
cryselle (28) oral tablet 0.3-30 mg-mcg		1	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg		1	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
deblitane oral tablet 0.35 mg		1	
delyla (28) oral tablet 0.1-20 mg-mcg		1	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Bekyree (28))	1	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	(Beyaz)	1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Gianvi (28))	1	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Ocella)	1	
eluryng vaginal ring 0.12-0.015 mg/24 hr		1	
emoquette oral tablet 0.15-0.03 mg		1	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)		1	
errin oral tablet 0.35 mg		1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	1	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1-50)	1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	1	
falmina (28) oral tablet 0.1-20 mg-mcg		1	
femynor oral tablet 0.25-35 mg-mcg		1	
gianvi (28) oral tablet 3-0.02 mg		1	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)		1	
jolivette oral tablet 0.35 mg		1	
juleber oral tablet 0.15-0.03 mg		1	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg		1	
junel 1/20 (21) oral tablet 1-20 mg-mcg		1	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)		1	

藥物名稱		藥物等級	規定／限制
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)		1	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)		1	
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)		1	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5		1	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg		1	
kelnor 1-50 oral tablet 1-50 mg-mcg		1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(Fayosim)	1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	1	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg		1	
larin 1/20 (21) oral tablet 1-20 mg-mcg		1	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)		1	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)		1	
larissia oral tablet 0.1-20 mg-mcg		1	
layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)		1	
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg		1	
lessina oral tablet 0.1-20 mg-mcg		1	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)		1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Aubra)	1	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Levora-28)	1	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Introvale)	1	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	1	

藥物名稱		藥物等級	規定／限制
levora-28 oral tablet 0.15-0.03 mg		1	
loryna (28) oral tablet 3-0.02 mg		1	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg		1	
lutera (28) oral tablet 0.1-20 mg-mcg		1	
lyza oral tablet 0.35 mg		1	
marlissa (28) oral tablet 0.15-0.03 mg		1	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg		1	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg		1	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)		1	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)		1	
mili oral tablet 0.25-35 mg-mcg		1	
mononessa (28) oral tablet 0.25-35 mg-mcg		1	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg		1	
nikki (28) oral tablet 3-0.02 mg		1	
nora-be oral tablet 0.35 mg		1	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(Wymzya Fe)	1	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Kaitlib Fe)	1	
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Junel 1/20 (21))	1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Blisovi Fe 1/20 (28))	1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Blisovi 24 Fe)	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri-Mili)	1	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	(Femynor)	1	

藥物名稱	藥物等級	規定／限制
norlyroc oral tablet 0.35 mg	1	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	1	
ocella oral tablet 3-0.03 mg	1	
orsythia oral tablet 0.1-20 mg-mcg	1	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
pirmella oral tablet 1-35 mg-mcg	1	
portia 28 oral tablet 0.15-0.03 mg	1	
previfem oral tablet 0.25-35 mg-mcg	1	
reclipsen (28) oral tablet 0.15-0.03 mg	1	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	
sharobel oral tablet 0.35 mg	1	
sprintec (28) oral tablet 0.25-35 mg-mcg	1	
sronyx oral tablet 0.1-20 mg-mcg	1	
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	
tulana oral tablet 0.35 mg	1	

藥物名稱		藥物等級	規定／限制
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg		1	
vienva oral tablet 0.1-20 mg-mcg		1	
vyfemla (28) oral tablet 0.4-35 mg-mcg		1	
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)		1	
xulane transdermal patch weekly 150-35 mcg/24 hr		1	
zarah oral tablet 3-0.03 mg		1	
zenchent (28) oral tablet 0.4-35 mg-mcg		1	
zovia 1/35e (28) oral tablet 1-35 mg-mcg		1	
Dental And Oral Agents			
Dental And Oral Agents			
cevimeline oral capsule 30 mg	(Evoxac)	1	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Paroex Oral Rinse)	1	
paroex oral rinse mucous membrane mouthwash 0.12 %		1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	1	
triamcinolone acetonide dental paste 0.1 %	(Oralone)	1	
Dermatological Agents			
Dermatological Agents, Other			
acitretin oral capsule 10 mg, 25 mg	(Soriatane)	1	
acitretin oral capsule 17.5 mg		1	NM; NDS
acyclovir topical ointment 5 %	(Zovirax)	1	ST
ALCOHOL PADS TOPICAL PADS, MEDICATED		1	
ammonium lactate topical cream 12 %	(Geri-Hydrolac)	1	
ammonium lactate topical lotion 12 %	(Geri-Hydrolac)	1	
azelaic acid topical gel 15 %	(Finacea)	1	
calcipotriene scalp solution 0.005 %		1	
calcipotriene topical cream 0.005 %	(Dovonex)	1	
calcipotriene topical ointment 0.005 %		1	
calcipotriene-betamethasone topical ointment 0.005-0.064 %	(Taclonex)	1	

藥物名稱		藥物等級	規定／限制
calcitriol topical ointment 3 mcg/gram	(Vectical)	1	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg		1	
DENAVIR TOPICAL CREAM 1 %		1	
doxepin topical cream 5 %	(Prudoxin)	1	
FINACEA TOPICAL FOAM 15 %		1	
fluorouracil topical cream 0.5 %	(Carac)	1	
fluorouracil topical cream 5 %	(Efudex)	1	
fluorouracil topical solution 2 %, 5 %		1	
imiquimod topical cream in packet 5 %	(Aldara)	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(Claravis)	1	
mafenide acetate topical packet 50 gram	(Sulfamylon)	1	
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	(Oxsoralen Ultra)	1	
myorisan oral capsule 10 mg, 20 mg, 40 mg		1	
PANRETIN TOPICAL GEL 0.1 %		1	NM; NDS
PICATO TOPICAL GEL 0.015 %		1	NM; NDS; QL (3 per 10 days)
PICATO TOPICAL GEL 0.05 %		1	NM; NDS; QL (2 per 10 days)
podofilox topical solution 0.5 %		1	
REGRANEX TOPICAL GEL 0.01 %		1	NM; NDS; QL (30 per 15 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		1	
SULFAMYLON TOPICAL CREAM 85 MG/G		1	
UVADEX INJECTION SOLUTION 20 MCG/ML		1	
VALCHLOR TOPICAL GEL 0.016 %		1	PA NSO; NM; NDS; QL (240 per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg		1	
Dermatological Antibacterials			
clindamycin phosphate topical foam 1 %	(Evoclin)	1	

藥物名稱		藥物等級	規定／限制
clindamycin phosphate topical gel 1 %	(Cleocin T)	1	
clindamycin phosphate topical lotion 1 %	(Cleocin T)	1	
clindamycin phosphate topical solution 1 %	(Cleocin T)	1	
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	1	
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	1	
clindamycin-benzoyl peroxide topical gel 1-5 %	(Benzaclin)	1	
clindamycin-tretinoin topical gel 1.2-0.025 %	(Veltin)	1	
ery pads topical swab 2 %		1	
erythromycin with ethanol topical gel 2 %	(Erygel)	1	
erythromycin with ethanol topical solution 2 %		1	
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	1	
gentamicin topical cream 0.1 %		1	
gentamicin topical ointment 0.1 %		1	
metronidazole topical cream 0.75 %	(MetroCream)	1	
metronidazole topical gel 0.75 %	(Rosadan)	1	
metronidazole topical gel 1 %	(Metrogel)	1	
metronidazole topical lotion 0.75 %	(MetroLotion)	1	
mupirocin calcium topical cream 2 %		1	
mupirocin topical ointment 2 %	(Centany)	1	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		1	
selenium sulfide topical lotion 2.5 %		1	
silver sulfadiazine topical cream 1 %	(SSD)	1	
ssd topical cream 1 %		1	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	1	
Dermatological Anti-Inflammatory Agents			
ala-cort topical cream 1 %		1	
alclometasone topical cream 0.05 %		1	
alclometasone topical ointment 0.05 %		1	
amcinonide topical cream 0.1 %		1	PA

藥物名稱		藥物等級	規定／限制
amcinonide topical ointment 0.1 %		1	PA
betamethasone dipropionate topical cream 0.05 %		1	
betamethasone dipropionate topical lotion 0.05 %		1	
betamethasone dipropionate topical ointment 0.05 %		1	
betamethasone valerate topical cream 0.1 %		1	
betamethasone valerate topical foam 0.12 %	(Luxiq)	1	PA
betamethasone valerate topical lotion 0.1 %		1	
betamethasone valerate topical ointment 0.1 %		1	
betamethasone, augmented topical cream 0.05 %		1	
betamethasone, augmented topical gel 0.05 %		1	
betamethasone, augmented topical lotion 0.05 %		1	
betamethasone, augmented topical ointment 0.05 %	(Diprolene)	1	
clobetasol scalp solution 0.05 %		1	
clobetasol topical cream 0.05 %	(Temovate)	1	
clobetasol topical foam 0.05 %	(Olux)	1	PA
clobetasol topical gel 0.05 %		1	
clobetasol topical lotion 0.05 %	(Clobex)	1	PA
clobetasol topical ointment 0.05 %	(Temovate)	1	
clobetasol topical shampoo 0.05 %	(Clodan)	1	PA
clobetasol topical spray,non-aerosol 0.05 %	(Clobex)	1	PA
clobetasol-emollient topical cream 0.05 %		1	
clobetasol-emollient topical foam 0.05 %	(Olux-E)	1	PA
CLODAN TOPICAL SHAMPOO 0.05 %		1	PA
cormax scalp solution 0.05 %		1	PA
DESONATE TOPICAL GEL 0.05 %		1	PA
desonide topical cream 0.05 %	(Tridesilon)	1	PA
desonide topical gel 0.05 %	(Desonate)	1	PA
desonide topical lotion 0.05 %	(DesOwen)	1	PA

藥物名稱		藥物等級	規定／限制
desonide topical ointment 0.05 %		1	
desoximetasone topical cream 0.25 %	(Topicort)	1	
desoximetasone topical gel 0.05 %	(Topicort)	1	
desoximetasone topical ointment 0.25 %	(Topicort)	1	
diflorasone topical cream 0.05 %	(Psorcon)	1	
diflorasone topical ointment 0.05 %		1	
fluocinolone 0.01% body oil 0.01 %	(Derma-Smoothe/FS Body Oil)	1	
fluocinolone and shower cap scalp oil 0.01 %	(Derma-Smoothe/FS Scalp Oil)	1	
fluocinolone topical cream 0.01 %		1	
fluocinolone topical cream 0.025 %	(Synalar)	1	
fluocinolone topical ointment 0.025 %	(Synalar)	1	
fluocinolone topical solution 0.01 %	(Synalar)	1	
fluocinonide topical cream 0.05 %		1	
fluocinonide topical cream 0.1 %	(Vanos)	1	
fluocinonide topical gel 0.05 %		1	
fluocinonide topical ointment 0.05 %		1	
fluocinonide topical solution 0.05 %		1	
fluocinonide-e topical cream 0.05 %		1	
fluticasone propionate topical cream 0.05 %	(Cutivate)	1	
fluticasone propionate topical lotion 0.05 %	(Beser)	1	PA
fluticasone propionate topical ointment 0.005 %		1	
halobetasol propionate topical cream 0.05 %		1	
halobetasol propionate topical ointment 0.05 %		1	
hydrocort buty 0.1% lipo cream 0.1 %	(Locoid Lipocream)	1	PA
hydrocortisone butyrate topical cream 0.1 %		1	PA
hydrocortisone butyrate topical solution 0.1 %		1	
hydrocortisone topical cream 1 %	(Ala-Cort)	1	
hydrocortisone topical cream 2.5 %		1	
hydrocortisone topical lotion 2.5 %		1	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	1	

藥物名稱		藥物等級	規定／限制
hydrocortisone topical ointment 2.5 %		1	
mometasone topical cream 0.1 %		1	
mometasone topical ointment 0.1 %		1	
mometasone topical solution 0.1 %		1	
pimecrolimus topical cream 1 %	(Elidel)	1	
prednicarbate topical cream 0.1 %		1	
prednicarbate topical ointment 0.1 %		1	
procto-med hc topical cream with perineal applicator 2.5 %		1	
procto-pak topical cream with perineal applicator 1 %		1	
proctosol hc topical cream with perineal applicator 2.5 %		1	
proctozone-hc topical cream with perineal applicator 2.5 %		1	
tacrolimus topical ointment 0.03 %, 0.1 %	(Protopic)	1	
triamcinolone acetonide topical aerosol 0.147 mg/gram	(Kenalog)	1	
triamcinolone acetonide topical cream 0.025 %		1	
triamcinolone acetonide topical cream 0.1 %, 0.5 %	(Triderm)	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		1	
TRIDESILON TOPICAL CREAM 0.05 %		1	PA
Dermatological Retinoids			
adapalene 0.3% gel pump 0.3 %	(Differin)	1	PA
adapalene topical cream 0.1 %	(Differin)	1	PA
adapalene topical gel 0.1 %, 0.3 %	(Differin)	1	PA
avita topical cream 0.025 %		1	PA
avita topical gel 0.025 %		1	PA
tazarotene topical cream 0.1 %	(Tazorac)	1	
tretinoin (emollient) topical cream 0.05 %	(Refissa)	1	PA
tretinoin microspheres topical gel 0.04 %, 0.1 %	(Retin-A Micro)	1	PA
tretinoin topical cream 0.025 %	(Avita)	1	PA
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	1	PA

藥物名稱		藥物等級	規定／限制
tretinoin topical gel 0.01 %	(Retin-A)	1	PA
tretinoin topical gel 0.025 %	(Avita)	1	PA
tretinoin topical gel 0.05 %	(Atralin)	1	PA
Scabicides And Pediculicides			
EURAX TOPICAL CREAM 10 %		1	
EURAX TOPICAL LOTION 10 %		1	
lindane topical shampoo 1 %		1	
malathion topical lotion 0.5 %	(Ovide)	1	
permethrin topical cream 5 %	(Elimite)	1	
Devices			
Devices			
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		1	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"		1	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		1	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		1	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"		1	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "		1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Advocate Syringes)	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Lite Touch Insulin Syringe)	1	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips)	1	
V-GO 40 DISPOSABLE DEVICE		1	
Enzyme Replacement/Modifiers			
Enzyme Replacement/Modifiers			
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML		1	PA; NM; NDS
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML		1	NM; NDS

藥物名稱		藥物等級	規定／限制
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT		1	NM; NDS
CHENODAL ORAL TABLET 250 MG		1	NM; NDS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT		1	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML		1	NM; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG		1	NM; NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG		1	NM; NDS
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG		1	PA; NM; NDS
KUVAN ORAL TABLET,SOLUBLE 100 MG		1	PA; NM; NDS
LUMIZYME INTRAVENOUS RECON SOLN 50 MG		1	NM; NDS
miglustat oral capsule 100 mg	(Zavesca)	1	PA; NM; NDS
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML		1	NM; NDS
nitisinone oral capsule 10 mg, 2 mg, 5 mg	(Orfadin)	1	PA; NM; NDS
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG		1	PA; NM; NDS
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200- 14,200- 24,600 UNIT		1	ST
PULMOZYME INHALATION SOLUTION 1 MG/ML		1	PA BvD; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML, 80 MG/0.8 ML		1	PA; NM; NDS
SUCRAID ORAL SOLUTION 8,500 UNIT/ML		1	PA; NM; NDS

藥物名稱		藥物等級	規定／限制
VPRIV INTRAVENOUS RECON SOLN 400 UNIT		1	NM; NDS
Eye, Ear, Nose, Throat Agents			
Eye, Ear, Nose, Throat Agents, Miscellaneous			
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %		1	
apraclonidine ophthalmic (eye) drops 0.5 %		1	
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	1	
azelastine nasal aerosol,spray 137 mcg (0.1 %)		1	
azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)		1	
azelastine ophthalmic (eye) drops 0.05 %		1	
cromolyn ophthalmic (eye) drops 4 %		1	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %		1	PA; NM; NDS; QL (60 per 30 days)
epinastine ophthalmic (eye) drops 0.05 %		1	
ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)		1	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG		1	
olopatadine nasal spray,non-aerosol 0.6 %	(Patanase)	1	
olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %	(Pataday)	1	ST
PAZEO OPHTHALMIC (EYE) DROPS 0.7 %		1	ST; QL (2.5 per 30 days)
proparacaine ophthalmic (eye) drops 0.5 %	(Alcaine)	1	
Eye, Ear, Nose, Throat Anti-Infectives Agents			
acetic acid otic (ear) solution 2 %		1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %		1	
bacitracin ophthalmic (eye) ointment 500 unit/gram		1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	1	

藥物名稱		藥物等級	規定／限制
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %		1	ST
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %		1	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	(Ciloxan)	1	
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML		1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		1	
gatifloxacin ophthalmic (eye) drops 0.5 %	(Zymaxid)	1	ST
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)		1	
gentamicin ophthalmic (eye) drops 0.3 %		1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		1	
levofloxacin ophthalmic (eye) drops 0.5 %		1	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		1	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		1	

藥物名稱		藥物等級	規定／限制
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		1	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	1	
ofloxacin otic (ear) drops 0.3 %		1	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram		1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	(Polytrim)	1	
sulfacetamide sodium ophthalmic (eye) drops 10 %	(Bleph-10)	1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		1	
tobramycin ophthalmic (eye) drops 0.3 %	(Tobrex)	1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	(TobraDex)	1	
trifluridine ophthalmic (eye) drops 1 %		1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		1	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %		1	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %		1	
bromfenac ophthalmic (eye) drops 0.09 %		1	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		1	
diclofenac sodium ophthalmic (eye) drops 0.1 %		1	

藥物名稱		藥物等級	規定／限制
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %		1	
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		1	QL (50 per 15 days)
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	1	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		1	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	1	QL (32 per 15 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		1	QL (3 per 30 days)
ketorolac ophthalmic (eye) drops 0.4 %	(Acular LS)	1	
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	1	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %		1	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		1	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	(Lotemax)	1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %		1	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %		1	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		1	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %		1	PA; ST; QL (60 per 30 days)
Gastrointestinal Agents			
Antiulcer Agents And Acid Suppressants			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		1	
cimetidine hcl oral solution 300 mg/5 ml		1	
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	1	

藥物名稱		藥物等級	規定／限制
cimetidine oral tablet 300 mg, 400 mg, 800 mg		1	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG		1	ST; QL (30 per 30 days)
esomeprazole sodium intravenous recon soln 20 mg		1	
esomeprazole sodium intravenous recon soln 40 mg	(Nexium IV)	1	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml		1	
famotidine intravenous solution 10 mg/ml		1	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)		1	
famotidine oral tablet 20 mg	(Acid Controller)	1	
famotidine oral tablet 40 mg	(Pepcid)	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Heartburn Treatment 24 Hour)	1	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	1	
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	1	
nizatidine oral capsule 150 mg, 300 mg		1	
nizatidine oral solution 150 mg/10 ml		1	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		1	
pantoprazole intravenous recon soln 40 mg	(Protonix)	1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	1	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	1	
ranitidine hcl oral capsule 150 mg, 300 mg		1	
ranitidine hcl oral syrup 15 mg/ml		1	
ranitidine hcl oral tablet 150 mg, 300 mg		1	
sucralfate oral tablet 1 gram	(Carafate)	1	
Gastrointestinal Agents, Other			
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG		1	PA; ST

藥物名稱		藥物等級	規定／限制
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG		1	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		1	PA; NM; NDS
constulose oral solution 10 gram/15 ml		1	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	1	
dicyclomine oral capsule 10 mg		1	
dicyclomine oral solution 10 mg/5 ml		1	
dicyclomine oral tablet 20 mg		1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	1	
enulose oral solution 10 gram/15 ml		1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		1	PA; NM; NDS
generlac oral solution 10 gram/15 ml		1	
glycopyrrolate injection solution 0.2 mg/ml		1	
glycopyrrolate oral tablet 1 mg, 2 mg		1	
kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml		1	
lactulose oral solution 10 gram/15 ml	(Constulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		1	PA; ST; QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		1	
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	1	
methscopolamine oral tablet 2.5 mg, 5 mg		1	
metoclopramide hcl injection solution 5 mg/ml		1	
metoclopramide hcl injection syringe 5 mg/ml		1	
metoclopramide hcl oral solution 5 mg/5 ml		1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		1	PA; ST

藥物名稱		藥物等級	規定／限制
propantheline oral tablet 15 mg		1	
PYLERA ORAL CAPSULE 140-125-125 MG		1	
RAVICTI ORAL LIQUID 1.1 GRAM/ML		1	PA; NM; NDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		1	PA; ST
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML		1	PA; ST
sodium phenylbutyrate oral powder 0.94 gram/gram	(Buphenyl)	1	
sodium polystyrene (sorb free) oral suspension 15 gram/60 ml		1	
sodium polystyrene sulfonate oral powder		1	
sps (with sorbitol) oral suspension 15-20 gram/60 ml		1	
ursodiol oral capsule 300 mg	(Actigall)	1	
ursodiol oral tablet 250 mg	(URSO 250)	1	
ursodiol oral tablet 500 mg	(URSO Forte)	1	
Laxatives			
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram		1	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram		1	
gavilyte-n oral recon soln 420 gram		1	
OSMOPREP ORAL TABLET 1.5 GRAM		1	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	1	
peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram	(Gavilyte-C)	1	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	1	
trilyte with flavor packets oral recon soln 420 gram		1	
Phosphate Binders			
calcium acetate(phosphat bind) oral capsule 667 mg		1	
calcium acetate(phosphat bind) oral tablet 667 mg		1	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	1	

藥物名稱		藥物等級	規定／限制
sevelamer carbonate oral tablet 800 mg	(Renvela)	1	
sevelamer hcl oral tablet 400 mg		1	
sevelamer hcl oral tablet 800 mg	(Renagel)	1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG		1	QL (180 per 30 days)
Genitourinary Agents			
Antispasmodics, Urinary			
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG		1	
oxybutynin chloride oral syrup 5 mg/5 ml		1	
oxybutynin chloride oral tablet 5 mg		1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg	(Ditropan XL)	1	
oxybutynin chloride oral tablet extended release 24hr 15 mg		1	
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	(Detrol LA)	1	
tolterodine oral tablet 1 mg, 2 mg	(Detrol)	1	
trospium oral capsule,extended release 24hr 60 mg		1	
trospium oral tablet 20 mg		1	
Genitourinary Agents, Miscellaneous			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		1	PA
dutasteride oral capsule 0.5 mg	(Avodart)	1	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	1	
finasteride oral tablet 5 mg	(Proscar)	1	
LITHOSTAT ORAL TABLET 250 MG		1	
tamsulosin oral capsule 0.4 mg	(Flomax)	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
THIOLA ORAL TABLET 100 MG		1	
Heavy Metal Antagonists			
Heavy Metal Antagonists			

藥物名稱		藥物等級	規定／限制
CHEMET ORAL CAPSULE 100 MG		1	
deferasirox oral tablet 180 mg	(Jadenu)	1	NM; NDS
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	(Exjade)	1	NM; NDS
DEPEN TITRATABS ORAL TABLET 250 MG		1	
FERRIPROX ORAL SOLUTION 100 MG/ML		1	PA; NM; NDS
FERRIPROX ORAL TABLET 500 MG		1	PA; NM; NDS
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG		1	NM; NDS
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG		1	NM; NDS
penicillamine oral tablet 250 mg	(Depen Titratabs)	1	
trientine oral capsule 250 mg	(Clovique)	1	PA; NM; NDS
Hormonal Agents, Stimulant/Replacement/Modifying			
Androgens			
ANADROL-50 ORAL TABLET 50 MG		1	NM; NDS
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR		1	PA; QL (60 per 30 days)
ANDRODERM TRANSDERMAL PATCH 24 HOUR 4 MG/24 HR		1	PA; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)		1	PA; QL (150 per 30 days)
danazol oral capsule 100 mg, 200 mg, 50 mg		1	
oxandrolone oral tablet 10 mg, 2.5 mg	(Oxandrin)	1	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	1	
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		1	
testosterone enanthate intramuscular oil 200 mg/ml		1	

藥物名稱		藥物等級	規定／限制
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	1	PA; QL (300 per 30 days)
Estrogens And Antiestrogens			
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg		1	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Alora)	1	
estradiol transdermal patch semiweekly 0.0375 mg/24 hr	(Dotti)	1	
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	1	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	1	
estradiol vaginal tablet 10 mcg	(Vagifem)	1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	(Delestrogen)	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	(Amabelz)	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)		1	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg		1	
jinteli oral tablet 1-5 mg-mcg		1	
mimvey lo oral tablet 0.5-0.1 mg		1	
mimvey oral tablet 1-0.5 mg		1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Fyavolv)	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		1	

藥物名稱		藥物等級	規定／限制
raloxifene oral tablet 60 mg	(Evista)	1	
Glucocorticoids/Mineralocorticoids			
cortisone oral tablet 25 mg		1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML		1	
dexamethasone oral elixir 0.5 mg/5 ml		1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg	(Decadron)	1	
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg		1	
dexamethasone sodium phos (pf) injection solution 10 mg/ml		1	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		1	
dexamethasone sodium phosphate injection syringe 4 mg/ml		1	
fludrocortisone oral tablet 0.1 mg		1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	1	
KENALOG INJECTION SUSPENSION 10 MG/ML		1	
MEDROL ORAL TABLET 2 MG		1	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	(Depo-Medrol)	1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Medrol)	1	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	1	
methylprednisolone sodium succ injection recon soln 40 mg		1	PA BvD
methylprednisolone sodium succ intravenous recon soln 1,000 mg	(Solu-Medrol)	1	PA BvD
prednisolone 15 mg/5 ml soln a/f, d/f 15 mg/5 ml (3 mg/ml)		1	
prednisolone oral solution 15 mg/5 ml		1	
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	(Orapred ODT)	1	

藥物名稱		藥物等級	規定／限制
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		1	
prednisone oral solution 5 mg/5 ml		1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		1	
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)		1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 250 MG/2 ML		1	
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog)	1	
Pituitary			
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)	(DDAVP)	1	
desmopressin injection solution 4 mcg/ml	(DDAVP)	1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)		1	
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	1	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML		1	PA; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG		1	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG		1	NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG		1	NM; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)		1	PA; NM; NDS
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml		1	
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	(Sandostatin)	1	

藥物名稱		藥物等級	規定／限制
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)		1	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		1	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML		1	NM; NDS
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG		1	PA; NM; NDS
STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)		1	
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML		1	NM; NDS
Progestins			
CRINONE VAGINAL GEL 4 %, 8 %		1	PA
hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml	(Makena)	1	PA NSO; NM; NDS
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	1	
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	1	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)		1	PA
norethindrone acetate oral tablet 5 mg	(Aygestin)	1	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	1	
Thyroid And Antithyroid Agents			
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	1	
levothyroxine oral tablet 300 mcg	(Levo-T)	1	
liothyronine intravenous solution 10 mcg/ml	(Triostat)	1	

藥物名稱		藥物等級	規定／限制
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	1	
methimazole oral tablet 10 mg, 5 mg	(Tapazole)	1	
propylthiouracil oral tablet 50 mg		1	
THYROLAR-1 ORAL TABLET 12.5-50 MCG		1	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG		1	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG		1	
THYROLAR-2 ORAL TABLET 25-100 MCG		1	
THYROLAR-3 ORAL TABLET 37.5-150 MCG		1	
Immunological Agents			
Immunological Agents			
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		1	PA; NM; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG		1	PA BvD
ATGAM INTRAVENOUS SOLUTION 50 MG/ML		1	PA BvD; NM; NDS
azathioprine oral tablet 50 mg	(Imuran)	1	PA BvD
azathioprine sodium injection recon soln 100 mg		1	PA BvD
BIVIGAM INTRAVENOUS SOLUTION 10 %		1	PA; NM; NDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		1	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		1	PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML		1	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML		1	PA; NM; NDS
cyclosporine intravenous solution 250 mg/5 ml	(Sandimmune)	1	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	1	PA BvD

藥物名稱	藥物等級	規定／限制
cyclosporine modified oral capsule 50 mg	1	PA BvD
cyclosporine modified oral solution 100 mg/ml (Gengraf)	1	PA BvD
cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)	1	PA BvD
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	1	PA; NM; NDS; QL (4 per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	1	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	1	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; NM; NDS
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg (Zortress)	1	PA NSO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	1	PA; NM; NDS
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	1	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	1	PA; NM; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	1	PA; NM; NDS
GAMMAKED INJECTION SOLUTION 10 GRAM/100 ML (10 %)	1	PA; NM; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	1	PA; NM; NDS
GAMUNEX-C INJECTION SOLUTION 20 GRAM/200 ML (10 %)	1	PA; NM; NDS
gengraf oral capsule 100 mg, 25 mg	1	PA BvD
gengraf oral solution 100 mg/ml	1	PA BvD
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; NM; NDS

藥物名稱		藥物等級	規定／限制
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		1	PA; NM; NDS
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		1	PA; NM; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		1	PA; NM; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML		1	PA; NM; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML		1	PA; NM; NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		1	PA; NM; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML		1	PA; NM; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML		1	PA; NM; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML		1	PA; NM; NDS
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML		1	PA BvD
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML		1	PA BvD
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		1	PA; NM; NDS; QL (18.76 per 28 days)
leflunomide oral tablet 10 mg, 20 mg	(Arava)	1	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	(CellCept Intravenous)	1	PA BvD
mycophenolate mofetil oral capsule 250 mg	(CellCept)	1	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	1	PA BvD

藥物名稱		藥物等級	規定／限制
mycophenolate mofetil oral tablet 500 mg	(CellCept)	1	PA BvD
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	1	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG		1	PA BvD; NM; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %		1	PA; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG		1	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		1	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML		1	PA; NM; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %		1	PA; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML		1	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG		1	PA BvD
REMICADE INTRAVENOUS RECON SOLN 100 MG		1	PA; NM; NDS
RIDAURA ORAL CAPSULE 3 MG		1	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG		1	PA; NM; NDS; QL (30 per 30 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML		1	PA; NM; NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML		1	PA; NM; NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML		1	PA; NM; NDS
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG		1	NM; NDS
sirolimus oral solution 1 mg/ml	(Rapamune)	1	PA BvD
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	(Rapamune)	1	PA BvD

藥物名稱	藥物等級	規定／限制
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML	1	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	1	PA; NM; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	1	PA; NM; NDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)	1	PA BvD
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	1	PA BvD; NM; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	1	PA; NM; NDS; QL (15 per 28 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; NM; NDS; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	1	PA; NM; NDS; QL (30 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA NSO
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	PA BvD
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	

藥物名稱	藥物等級	規定／限制
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	PA; AGE (Min 9 Years and Max 45 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	PA; AGE (Min 9 Years and Max 45 Years)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	

藥物名稱	藥物等級	規定／限制
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	1	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 62 DU/0.5 ML	1	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	PA BvD

藥物名稱	藥物等級	規定／限制
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	PA BvD
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	PA BvD
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	PA BvD
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	1	PA BvD
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	1	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	1	

藥物名稱		藥物等級	規定／限制
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML		1	
Inflammatory Bowel Disease Agents			
Inflammatory Bowel Disease Agents			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	1	
balsalazide oral capsule 750 mg	(Colazal)	1	
budesonide oral capsule,delayed,extend.release 3 mg	(Entocort EC)	1	
budesonide oral tablet,delayed and ext.release 9 mg	(Uceris)	1	PA; NM; NDS; QL (30 per 30 days)
colocort rectal enema 100 mg/60 ml		1	
DIPENTUM ORAL CAPSULE 250 MG		1	NM; NDS
hydrocortisone rectal enema 100 mg/60 ml	(Colocort)	1	
mesalamine oral capsule (with del rel tablets) 400 mg	(Delzicol)	1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	1	
mesalamine oral tablet,delayed release (dr/ec) 800 mg	(Asacol HD)	1	
mesalamine rectal enema 4 gram/60 ml	(Rowasa)	1	
mesalamine rectal suppository 1,000 mg	(Canasa)	1	
sulfasalazine oral tablet 500 mg	(Azulfidine)	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	1	
UCERIS RECTAL FOAM 2 MG/ACTUATION		1	PA
Irrigating Solutions			
Irrigating Solutions			
LACTATED RINGERS IRRIGATION SOLUTION		1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L		1	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L		1	
ringer's irrigation solution		1	

藥物名稱		藥物等級	規定／限制
water for irrigation, sterile irrigation solution	(Aqua Care Sterile Water)	1	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
alendronate oral solution 70 mg/75 ml		1	
alendronate oral tablet 10 mg, 35 mg, 40 mg, 5 mg		1	
alendronate oral tablet 70 mg	(Fosamax)	1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	1	PA BvD
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	1	PA BvD
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	(Sensipar)	1	PA BvD
doxercalciferol intravenous solution 4 mcg/2 ml	(Hectorol)	1	PA BvD
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg		1	PA BvD
etidronate disodium oral tablet 200 mg, 400 mg		1	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML		1	PA; NM; NDS
ibandronate intravenous solution 3 mg/3 ml		1	PA BvD
ibandronate intravenous syringe 3 mg/3 ml	(Boniva)	1	PA BvD
ibandronate oral tablet 150 mg	(Boniva)	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML		1	PA BvD
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		1	PA; NM; NDS; QL (30 per 30 days)
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)		1	PA BvD
paricalcitol hemodialysis port injection solution 2 mcg/ml		1	PA BvD
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML		1	PA BvD
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	1	PA BvD

藥物名稱		藥物等級	規定／限制
paricalcitol oral capsule 4 mcg		1	PA BvD
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		1	PA
risedronate oral tablet 150 mg, 35 mg, 5 mg	(Actonel)	1	
risedronate oral tablet 30 mg, 35 mg (12 pack), 35 mg (4 pack)		1	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG		1	PA BvD
teriparatide subcutaneous pen injector 20 mcg/dose - 620 mcg/2.48 ml		1	PA; NM; NDS
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		1	PA; NM; NDS
zoledronic acid intravenous recon soln 4 mg		1	
zoledronic acid intravenous solution 4 mg/5 ml		1	
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	(Reclast)	1	
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		1	NM; NDS
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION		1	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG		1	PA; NM; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		1	PA; NM; NDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		1	PA; NM; NDS
dexrazoxane hcl intravenous recon soln 250 mg	(Zinecard (as HCl))	1	
diazoxide oral suspension 50 mg/ml	(Proglycem)	1	
ELMIRON ORAL CAPSULE 100 MG		1	
ergoloid oral tablet 1 mg		1	
fomepizole intravenous solution 1 gram/ml		1	

藥物名稱		藥物等級	規定／限制
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG		1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG		1	
guanidine oral tablet 125 mg		1	
hydroxyzine pamoate oral capsule 100 mg		1	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	(Vistaril)	1	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG		1	NM; NDS
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 500 mg		1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		1	
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	1	PA BvD
levocarnitine oral tablet 330 mg	(Carnitor)	1	PA BvD
LEVOLEUCOVORIN CALCIUM INTRAVENOUS RECON SOLN 175 MG		1	NM; NDS
levoleucovorin calcium intravenous recon soln 50 mg	(Fusilev)	1	NM; NDS
levoleucovorin calcium intravenous solution 10 mg/ml		1	NM; NDS
mesna intravenous solution 100 mg/ml	(Mesnex)	1	
MESNEX ORAL TABLET 400 MG		1	NM; NDS
PROGLYCEM ORAL SUSPENSION 50 MG/ML		1	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	1	
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon Timespan)	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)		1	QL (30 per 30 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		1	PA NSO; NM; NDS
TYBOST ORAL TABLET 150 MG		1	
Ophthalmic Agents			
Antiglaucoma Agents			

藥物名稱		藥物等級	規定／限制
acetazolamide oral capsule, extended release 500 mg		1	
acetazolamide oral tablet 125 mg, 250 mg		1	
acetazolamide sodium injection recon soln 500 mg		1	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %		1	ST
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		1	
betaxolol ophthalmic (eye) drops 0.5 %		1	
bimatoprost ophthalmic (eye) drops 0.03 %		1	QL (5 per 30 days)
brimonidine ophthalmic (eye) drops 0.15 %	(Alphagan P)	1	
brimonidine ophthalmic (eye) drops 0.2 %		1	
carteolol ophthalmic (eye) drops 1 %		1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %		1	
dorzolamide ophthalmic (eye) drops 2 %	(Trusopt)	1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	1	
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	1	QL (5 per 30 days)
levobunolol ophthalmic (eye) drops 0.5 %		1	
methazolamide oral tablet 25 mg, 50 mg		1	
metipranolol ophthalmic (eye) drops 0.3 %		1	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %		1	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	(Isopto Carpine)	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	(Timoptic)	1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	(Istalol)	1	

藥物名稱		藥物等級	規定／限制
timolol maleate ophthalmic (eye) gel forming solution 0.25 %	(Timoptic-XE)	1	
timolol maleate ophthalmic (eye) gel forming solution 0.5 %	(Timoptic-XE)	1	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %		1	QL (5 per 30 days)
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	1	QL (5 per 30 days)
Replacement Preparations			
Replacement Preparations			
d10 %-0.45 % sodium chloride intravenous parenteral solution		1	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution		1	
d5 % and 0.9 % sodium chloride intravenous parenteral solution		1	
d5 %-0.45 % sodium chloride intravenous parenteral solution		1	
dextrose 10 % and 0.2 % nacl intravenous parenteral solution		1	
dextrose 5 %-lactated ringers intravenous parenteral solution		1	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution		1	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution		1	
dextrose with sodium chloride intravenous parenteral solution 5-0.2 %		1	
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %		1	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %		1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %		1	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION		1	
klor-con m10 oral tablet,er particles/crystals 10 meq		1	
klor-con m15 oral tablet,er particles/crystals 15 meq		1	

藥物名稱	藥物等級	規定／限制
klor-con m20 oral tablet,er particles/crystals 20 meq	1	
klor-con sprinkle oral capsule, extended release 8 meq	1	
K-SOL ORAL LIQUID 20 MEQ/15 ML	1	
LACTATED RINGERS INTRAVENOUS PARENTERAL SOLUTION	1	
magnesium sulfate injection solution 4 meq/ml (50 %)	1	
magnesium sulfate injection syringe 4 meq/ml	1	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	1	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	1	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride intravenous solution 2 meq/ml	1	
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1	

藥物名稱		藥物等級	規定／限制
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	(K-Tab)	1	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	1	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	1	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l		1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l		1	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l		1	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l		1	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	1	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	1	
potassium citrate oral tablet extended release 5 meq (540 mg)	(Urocit-K 5)	1	
ringer's intravenous parenteral solution		1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		1	
sodium chloride 0.9 % intravenous parenteral solution		1	
sodium chloride 3 % intravenous parenteral solution 3 %		1	
sodium chloride 5 % intravenous parenteral solution 5 %		1	
sodium lactate intravenous solution 5 meq/ml		1	
TPN ELECTROLYTES II IV SOLN 25'S,20ML/50ML FTV 18-18-5-4.5-35 MEQ/20 ML		1	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML		1	
Respiratory Tract Agents			

藥物名稱		藥物等級	規定／限制
Anti-Inflammatories, Inhaled Corticosteroids			
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE		1	QL (60 per 30 days)
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 500-50 MCG/DOSE		1	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION		1	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		1	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE		1	QL (60 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	(Pulmicort)	1	PA BvD; QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION		1	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION		1	QL (60 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION		1	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION		1	QL (21.2 per 30 days)
Antileukotrienes			
montelukast oral granules in packet 4 mg	(Singulair)	1	
montelukast oral tablet 10 mg	(Singulair)	1	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	1	

藥物名稱		藥物等級	規定／限制
Bronchodilators			
albuterol 5 mg/ml solution 5 mg/ml		1	PA BvD
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(ProAir HFA)	1	
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml		1	PA BvD
albuterol sulfate oral syrup 2 mg/5 ml		1	
albuterol sulfate oral tablet 2 mg, 4 mg		1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg		1	
aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml		1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION		1	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		1	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		1	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION		1	
ipratropium bromide inhalation solution 0.02 %		1	PA BvD
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml		1	PA BvD
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml	(Xopenex)	1	PA BvD
levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml	(Xopenex Concentrate)	1	PA BvD
metaproterenol oral syrup 10 mg/5 ml		1	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION		1	

藥物名稱	藥物等級	規定／限制
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	1	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	ST
terbutaline oral tablet 2.5 mg, 5 mg	1	
terbutaline subcutaneous solution 1 mg/ml	1	
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION, 400 MCG/ACTUATION (30 ACTUAT)	1	
Respiratory Tract Agents, Other		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	PA BvD
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	1	NM; NDS
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	PA BvD
DALIRESP ORAL TABLET 250 MCG, 500 MCG	1	
ESBRIET ORAL CAPSULE 267 MG	1	PA; NM; NDS

藥物名稱		藥物等級	規定／限制
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)		1	NM; NDS
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG		1	PA; NM; NDS; QL (60 per 30 days)
KALYDECO ORAL TABLET 150 MG		1	PA; NM; NDS; QL (60 per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		1	PA; NM; NDS
NUCALA SUBCUTANEOUS RECON SOLN 100 MG		1	PA; NM; NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML		1	PA; NM; NDS
OFEV ORAL CAPSULE 100 MG, 150 MG		1	PA; NM; NDS
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG		1	PA; NM; NDS; QL (120 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		1	PA; NM; NDS; QL (120 per 30 days)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG		1	NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		1	PA; NM; NDS
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG		1	NM; NDS
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
baclofen oral tablet 10 mg, 20 mg		1	
carisoprodol oral tablet 350 mg	(Soma)	1	
carisoprodol-aspirin oral tablet 200-325 mg		1	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg		1	
chlorzoxazone oral tablet 250 mg, 500 mg		1	
cyclobenzaprine oral tablet 10 mg, 5 mg		1	
cyclobenzaprine oral tablet 7.5 mg	(Fexmid)	1	
dantrolene oral capsule 100 mg		1	
dantrolene oral capsule 25 mg, 50 mg	(Dantrium)	1	
metaxall oral tablet 800 mg		1	
metaxalone oral tablet 400 mg		1	
metaxalone oral tablet 800 mg	(Metaxall)	1	

藥物名稱		藥物等級	規定／限制
methocarbamol oral tablet 500 mg		1	
methocarbamol oral tablet 750 mg	(Robaxin-750)	1	
orphenadrine citrate injection solution 30 mg/ml		1	
orphenadrine citrate oral tablet extended release 100 mg		1	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	(Zanaflex)	1	
tizanidine oral tablet 2 mg		1	
tizanidine oral tablet 4 mg	(Zanaflex)	1	
Sleep Disorder Agents			
Sleep Disorder Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	1	PA; QL (30 per 30 days)
BUTISOL ORAL TABLET 30 MG		1	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	1	QL (30 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG		1	PA; NM; NDS; QL (30 per 30 days)
modafinil oral tablet 100 mg, 200 mg	(Provigil)	1	PA; QL (60 per 30 days)
ROZEREM ORAL TABLET 8 MG		1	QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML		1	PA; NM; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		1	QL (30 per 30 days)
zolpidem oral tablet 10 mg	(Ambien)	1	QL (30 per 30 days)
zolpidem oral tablet 5 mg	(Ambien)	1	QL (60 per 30 days)
Vasodilating Agents			
Vasodilating Agents			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		1	PA; NM; NDS
alyq oral tablet 20 mg		1	PA; NM; NDS
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	1	PA; NM; NDS; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG		1	PA; NM; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	1	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG		1	PA; NM; NDS; QL (60 per 30 days)
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	(Remodulin)	1	PA BvD; NM; NDS

藥物名稱	藥物等級	規定／限制
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; NM; NDS; QL (200 per 30 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	1	PA; NM; NDS

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Discrimination is Against the Law

Chinese Community Health Plan (CCHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Chinese Community Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact CCHP Member Services.

If you believe that CCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with us in person, by phone, by mail, or by fax at:

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, TTY 1-877-681-8898
Fax 1-415-397-2129

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201,
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

華人保健計劃（CCHP 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。華人保健計劃（CCHP） 不因種族、膚色、民族血統、年齡、殘障或性別而排斥任何人或以不同的方式對待他們。

華人保健計劃（CCHP）：

- 向殘障人士免費提供各種援助和服務，以幫助他們與我們進行有效溝通，如：
  - 合格的手語翻譯員
  - 以其他格式提供的書面資訊（大號字體、音訊、無障礙電子格式、其他格式）
- 向母語非英語的人員免費提供各種語言服務，如：
  - 合格的翻譯員
  - 以其他語言書寫的資訊

如果您需要此類服務，請聯絡華人保健計劃（CCHP）

如果您認為華人保健計劃（CCHP） 未能提供此類服務或者因種族、膚色、民族血統、年齡、殘障或性別而透過其他方式歧視您，您可以親自提交投訴，或者以郵寄、傳真或電郵的方式向我們提交投訴：

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, 聽力殘障人仕電話 1-877-681-8898
傳真 1-415-397-2129

您還可以向 U.S. Department of Health and Human Services（美國衛生及公共服務部）的 Office for Civil Rights（民權辦公室）提交民權投訴，透過 Office for Civil Rights Complaint Portal 以電子方式投訴：https://ocrportal.hhs.gov/ocr/portal/lobby.jsf，或者透過郵寄或電話的方式投訴：

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C.20201
1-800-368-1019，800-537-7697 (TDD)（聾人用電信設備）

登入 http://www.hhs.gov/ocr/office/file/index.html 可獲得投訴表格。

Chinese Community Health Plan (CCHP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Chinese Community Health Plan no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

Chinese Community Health Plan:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
  - Intérpretes de lenguaje de señas capacitados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
  - Intérpretes capacitados.
  - Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con CCHP Member Services.

Si considera que CCHP no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, TTY 1-877-681-8898
Fax 1-415-397-2129.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web http://www.hhs.gov/ocr/office/file/index.html.

Multi-language Interpreter Services

English: ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-775-7888 (TTY: 1-877-681-8898).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-775-7888 (TTY: 1-877-681-8898).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-775-7888 (TTY: 1-877-681-8898)。

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-775-7888 (TTY: 1-877-681-8898).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-775-7888 (TTY: 1-877-681-8898).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-775-7888 (TTY: 1-877-681-8898) 번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-775-7888 (телетайп: 1-877-681-8898)

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-775-7888 (رقم هاتف الصم والبكم: 1-877-681-8898).

Hindi: ध्यान द: यद आप हद बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-888-775-7888 (TTY: 1-877-681-8898) पर कॉल कर।

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-775 7888 (TTY: 1-877-681-8898) まで、お電話にてご連絡ください。

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-888-775-7888 (TTY (հեռատիպ)՝ 1-877-681-8898):

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-775 7888 (TTY: 1-877-681-8898) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-775 7888 (TTY: 1-877-681-8898)។

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-775 7888 (TTY: 1-877-681-8898).

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-775 7888 (TTY: 1-877-681-8898).

Persian (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-775-7888 (TTY: 1-877-681-8898) تماس بگیرید.

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本藥物表是2020年7月28日修定本。如欲了解最新詳情或有疑問，請致電 1-888-775-7888 與華人保健計劃會員服務中心聯絡（聽力殘障人仕請電 TTY 1-877-681-8898），每週 7天，上午8時至晚上8時 ，或瀏覽網址www.cchphealthplan.com/medicare。

藥物表、藥房網絡及醫生名錄可能會在保障年度中產生變化，我們會給您寄發一份通知書。

H0571_2020_56CH_FINAL_11_C